


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90053 004 \*\*\*150.00

<b>DOCUMENT # V25119</b> 1. Entity Name <b>ALLIED AMERICAN FINANCIAL, INC.</b>																																			
Principal Place of Business <del>48083 CLEAR BROOK CIRCLE</del> <del>BOCA RATON FL 33498-1941</del> 1		Mailing Address <del>18083 CLEAR BROOK CIRCLE</del> <del>BOCA RATON FL 33498-1941</del> 1																																	
2. Principal Place of Business <b>8020 COLONY CIRCLE NORTH</b> Suite, Apt. #, etc. <b># 102</b> City & State <b>TAMARAC, FL</b> Zip <b>33321-8335</b> Country <b>U.S.A.</b>		3. Mailing Address <b>8020 COLONY CIRCLE NORTH</b> Suite, Apt. #, etc. <b># 102</b> City & State <b>TAMARAC, FL</b> Zip <b>33321-8335</b> Country <b>U.S.A.</b>																																	
4. FEI Number <b>65-0377627</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>BERKOWITZ, MYER T.</b> <b>18083 CLEAR BROOK CIRCLE</b> <b>BOCA RATON FL 33498-1941</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8020 COLONY CIRCLE NORTH # 102</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321-8335</b>																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Myer T Berkowitz</u> <b>MYER T BERKOWITZ PRESIDENT</b> <b>FEB. 17, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PS NAME BERKOWITZ, MYER T. STREET ADDRESS <del>18083 CLEAR BROOK CIRCLE</del> CITY-ST-ZIP <del>BOCA RATON FL 33498</del> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE PS NAME BERKOWITZ, MYER T. STREET ADDRESS <del>18083 CLEAR BROOK CIRCLE</del> CITY-ST-ZIP <del>BOCA RATON FL 33498</del>	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>8020 COLONY CIRCLE NORTH #102</b>  <b>TAMARAC FL 33321-8335</b> </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8020 COLONY CIRCLE NORTH #102</b> <b>TAMARAC FL 33321-8335</b>														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Myer T Berkowitz **MYER T BERKOWITZ PRES.** **FEB. 17, 2004** (954) 263-5095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #