


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90421 013 ***150.00

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DOCUMENT # V41525			
1. Entity Name ALBER CORP.			
Principal Place of Business 990 S. ROGERS CIRCLE SUITE 11 BOCA RATON, FL 33487		Mailing Address 990 S. ROGERS CIRCLE SUITE 11 BOCA RATON, FL 33487	
2. Principal Place of Business		3. Mailing Address 1050 Dearborn Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Columbus, OH	
Zip	Country	Zip 43229	Country
4. FEI Number 65-0338091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICOLETTI, PAUL J. 625 N FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd City Plantation FL Zip Code 33324	
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 <i>Susan J. Metz</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Susan J. Metz</i> NOTE: Registered Agent signature required when reinstating Assistant Secretary	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President ALBER, GLENN 995 N.W. 6TH ST. BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Secy/Treasurer + Director Jeffrey T. Blind 1050 Dearborn Dr Columbus, OH 43085
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALBER, DEREK 7371 WEXFORD TERR. BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Controller + Director Stephen Wallace 1050 Dearborn Dr. Columbus, OH 43085
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Director Robert P. Bauer 1050 Dearborn Dr. Columbus, OH 43085
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Director Alex Blochtein 990 S. Rogers Circle, Box 11 Boca Raton, FL 33487
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 605, 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: <i>Stephen P. Wallace</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>Stephen P. Wallace</i> DATE: 4/26/05 Daytime Phone #: 614-888-0246	