


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001916

1. Entity Name
 ALPHA ASSOCIATES, INC.



Principal Place of Business
 2 AMBOY AVE.
 WOODBRIDGE, NJ 07095

Mailing Address
 2 AMBOY AVE.
 WOODBRIDGE, NJ 07095



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 22-1763475

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARAMIS, GEORGE G
 5636 S.E. SAILFISH WAY
 STUART, FL 34997

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	AVALLONE, A. LOUIS
STREET ADDRESS	418 RIDGEWOOD AVENUE
CITY-ST-ZIP	GLEN RIDGE, NJ 07028
TITLE	PVC
NAME	AVALLONE, CHRISTOPHER J
STREET ADDRESS	164 FOX CHASE ROAD
CITY-ST-ZIP	CHESTER, NJ 07930
TITLE	S
NAME	AVALLONE, PAMELA
STREET ADDRESS	418 RIDGEWOOD AVENUE
CITY-ST-ZIP	GLEN RIDGE, NJ 07028
TITLE	DV
NAME	BAXTER, JOHN
STREET ADDRESS	93 ELMWOOD AVENUE
CITY-ST-ZIP	HO-HO-KUS, NJ 07423
TITLE	D
NAME	BENNISON, WILLIAM
STREET ADDRESS	68 PEREGRINE CROSSING
CITY-ST-ZIP	SAVANNAH, GA 31411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/05-80141-014 150.00

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:  DATE: 5/20/05 DAYTIME PHONE #: 732-634-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR