

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90070 029 \*\*\*150.00

<b>DOCUMENT # P05000066003</b> 1. Entity Name ALPHA DEVELOPMENT GROUP, INC.			
Principal Place of Business 2455 E SUNRISE BLVD SUITE 908 FT LAUDERDALE, FL 33304		Mailing Address 2455 E SUNRISE BLVD SUITE 908 FT LAUDERDALE, FL 33304	
2. Principal Place of Business 2455 E SUNRISE BLVD Suite, Apt. #, etc. SUITE 500 City & State FT LAUDERDALE FL Zip 33304 Country US		3. Mailing Address 2455 E SUNRISE BLVD Suite, Apt. #, etc. SUITE 500 City & State FT LAUDERDALE FL Zip 33304 Country US	
4. FEI Number 202780059		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03082006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name SCOTT RAYBIN Street Address (P.O. Box Number is Not Acceptable) 2455 E SUNRISE BLVD STE 500 City FT. LAUDERDALE FL Zip 33304	
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 obligation of registered agent. SIGNATURE <u>Scott Raybin</u> DATE <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SMILEK, FRED STREET ADDRESS 2455 E SUNRISE BLVD SUITE 908 CITY-ST-ZIP FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME 2455 E. SUNRISE BLVD STE 500 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME EHRET, FRANK STREET ADDRESS 2455 E SUNRISE BLVD SUITE 908 CITY-ST-ZIP FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME 2455 E SUNRISE BLVD STE 500 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME RAYBIN, SCOTT STREET ADDRESS 2455 E SUNRISE BLVD SUITE 908 CITY-ST-ZIP FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME 2455 E SUNRISE BLVD STE 500 STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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 exemptions contained in Chapter 119, 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: <u>Scott Raybin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/8/06 954.653.8622 <small>Date Daytime Phone #</small>	