

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167004

FILED  
Feb 03, 2006  
Secretary of State

Entity Name: ALPHA BENEFITSYSTEMS, INC.

## Current Principal Place of Business:

19046 BRUCE B. DOWNS BLVD.  
SUITE 226  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

19046 BRUCE B. DOWNS BLVD.  
SUITE 226  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 02-0760830      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, STACEY  
4905 PENNECOTT WAY  
WESLEY CHAPEL, FL 33543      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MALATESTA, BLAKE  
Address: 19046 BRUCE B. DOWNS BLVD., SUITE 226  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: MALATESTA, ALBERT  
Address: 19046 BRUCE B. DOWNS BLVD., SUITE 226  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: MALATESTA, DEBORAH  
Address: 19046 BRUCE B. DOWNS BLVD., SUITE 226  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: MALATESTA, CLINT  
Address: 19046 BRUCE B. DOWNS BLVD., SUITE 226  
City-St-Zip: TAMPA, FL 33647

Title: D      ( ) Delete  
Name: SMITH, STACEY  
Address: 4905 PENNECOTT WAY  
City-St-Zip: WESLEY CAHPEL, FL 33543

Title: D      ( ) Delete  
Name: MALATESTA, BRANDI  
Address: 10800 BRIGHTON BAY BLVD. #14103  
City-St-Zip: ST. PETERSBURG, FL 33716

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT MALATESTA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIR.

02/03/2006

\_\_\_\_\_ Date