

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167004

FILED
Apr 27, 2008
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: 4341 PINEBROOKE PLACE
City-St-Zip: DOVER, FL 33527

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 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: BLAKE MALATESTA

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date