

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167004

FILED
May 01, 2011
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
31015 WHITLOCK DRIVE
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: SMITH, STACEY
Address: 31015 WHITLOCK DRIVE
City-St-Zip: WESLEY CAHPEL, FL 33543

Title: D
Name: MALATESTA, BRANDI
Address: 19046 BRUCE B. DOWNS, SUITE 226
City-St-Zip: AURORA, CO 80016

I hereby 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 all other like empowered.

SIGNATURE: ALBERT J. MALATESTA

CMO

05/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date