

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000061855  
 1. Entity Name  
 ALPHA COUNSELING SERVICES INC.



Principal Place of Business      Mailing Address  
 10730 US HWY. 19 NORTH      10730 US HWY. 19 NORTH  
 4      4  
 PORT RICHEY, FL 34668 US      PORT RICHEY, FL 34668 US

**DO NOT WRITE IN THIS SPACE**



01172008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3268661      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FREEMAN, ROBERT  
 10730 US HWY 19, N  
 STE.4  
 PORT RICHEY, FL 34668

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FREEMAN, ROBERT
STREET ADDRESS	10730 US HWY 19, STE 4
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	ST
NAME	FREEMAN, ROBERT E
STREET ADDRESS	10730 US HWY 19 STE 4
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Robert Freeman, President      Date: X 1/21/08      Daytime Phone #: (727) 862-0111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR