


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 048 ***150.00

DOCUMENT # *P9700073798*

1. Entity Name
Alpha Benefit Consulting, Inc



DO NOT WRITE IN THIS SPACE

40038003

2. Principal Place of Business
6825 Gulf of Mexico Dr
Suite, Apt. #, etc.

3. Mailing Address
6825 Gulf of Mexico Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Largo Key FL

City & State
Largo Key FL

Zip
34228 Country
USA

Zip
34228 Country
USA

4. FEI Number
65-0777208

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Susan D Fiore

Street Address (P.O. Box Number is Not Acceptable)

6825 Gulf of Mexico Dr

City
Largo Key FL Zip Code
34228

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Susan D. Fiore 6825 Gulf of Mexico Dr Largo Key FL 34228</i>	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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Fiore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/05 941-383-3360
Date Daytime Phone #

CR2E034B (12/02)