


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001916 1. Entity Name ALPHA ASSOCIATES, INC.	
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Principal Place of Business 2 AMBOY AVE. WOODBIDGE, NJ 07095	Mailing Address 2 AMBOY AVE. WOODBIDGE, NJ 07095
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number 22-1763475	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARAMIS, GEORGE G 5636 S.E. SAILFISH WAY STUART, FL 34997
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AVALLONE, A. LOUIS 418 RIDGEWOOD AVENUE GLEN RIDGE, NJ 07028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC AVALLONE, CHRISTOPHER J 164 FOX CHASE ROAD CHESTER, NJ 07930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVALLONE, PAMELA 418 RIDGEWOOD AVENUE GLEN RIDGE, NJ 07028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAXTER, JOHN 93 ELMWOOD AVENUE HO-HO-KUS, NJ 07423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNISON, WILLIAM 68 PEREGRINE CROSSING SAVANNAH, GA 31411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000351358
05/02/05-80141-014 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **\$120.05** **732-634-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #