
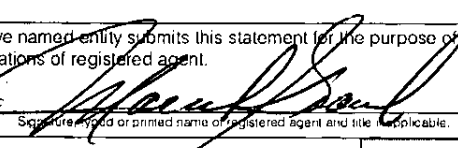
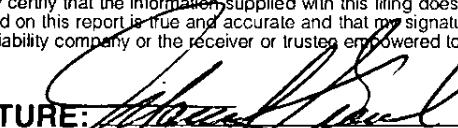


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 010 ****50.00

DOCUMENT # L05000098400					
1. Entity Name ALPHA CORP. LLC					
Principal Place of Business 100 SOUTH FEDERAL HIGHWAY US 1 VERO BEACH FL 32962 US		Mailing Address 100 SOUTH FEDERAL HIGHWAY US 1 VERO BEACH FL 32962 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1124957	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THEBERGE, REJEAN 1861 N. FEDERAL HWY 159 HOLLYWOOD FL 33020			7. Name and Address of New Registered Agent Name MARCEL GRAVEL Street Address (P.O. Box Number is Not Acceptable) 319 THIRD AVE MELBOURNE BEACH City FL Zip Code 32951		
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 		MARCEL GRAVEL		DATE 1/29/7	
		FILE NOW!!! FEE IS \$50.00			
		Make Check Payable to Florida Department of State			
		Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAVEL, MARCEL 100 SOUTH FEDERAL HIGHWAY US 1 VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRES GRAVEL MARCEL 319 THIRD AVE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERVAIS, JOANNE 100 SOUTH FEDERAL HIGHWAY US 1 VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GERVAIS JOANNE 319 THIRD AVE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		MARCEL GRAVEL		DATE 1-29-7 DAY/PHONE # 321-724-1329	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	