

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000075145

Entity Name: ALPHA BILLING SERVICES, INC.

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6770 WINFIELD BLVD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6770 WINFIELD BLVD  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-0778324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITTLE, SUSAN P  
6770 WINFIELD BLVD  
MARGATE, FL 33063 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LITTLE, SUSAN P.  
Address: 6770 WINFIELD BLVD  
City-St-Zip: MARGATE, FL 33063

Title: V  
Name: LITTLE, JOEY M  
Address: 6770 WINFIELD BLVD.  
City-St-Zip: MARGATE, FL 33063

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: SUSAN P LITTLE

P

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date