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.

PRESIDENT

SIGNATURE: PAMELA LIMA

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000038129

Entity Name: ALPHA LEADER, INC.

Current Principal Place of Business:

25 S WILDFLOWER DR UNIT 224 SANTA ROSA BEACH , FL 32459

Current Mailing Address:

25 S WILDFLOWER DR UNIT 224 SANTA ROSA BEACH , FL 32459 US

FEI Number: 45-5488310

Name and Address of Current Registered Agent:

LIMA, PAMELA 25 S WILDFLOWER DR UNIT 224 SANTA ROSA BEACH, FL 32459 US

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	PAMELA LIMA			02/03/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	CFO	
Name	LIMA, PAMELA	Name	LIMA, LAUDENIR	
Address	25 S WILDFLOWER DR UNIT 224	Address	25 S WILDFLOWER DR UNIT 224	
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 324	59

Feb 03, 2021 Secretary of State 2645720129CC

FILED

Certificate of Status Desired: No

02/03/2021

Date