2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333513

FILED Jun 30, 2005 Secretary of State

Entity Nam	ie: THE ALPH	HABET, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	MANDS CIRC A, FL 34236	LE US					
Current Ma	ailing Address	s:	New Maili	New Mailing Address:			
	ABET INC. MANDS CIRC A, FL 34236	LE US					
FEI Number:	59-1215749	FEI Number Applied For ()	FEI Number Not Appl	icable()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	RY MANDS CIRC A, FL 34231	LE US		RRY RMANDS CIRC A, FL 34236	CLE US		
The above in the State		ubmits this statement for the pu	urpose of changing i	ts registered of	ffice or registered agent, or both,		
SIGNATUR	E:			06/30/2005			
	Electroni	c Signature of Registered Ager	nt		Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () LENZ, JENNY 2259 ISLAND CF SARASOTA, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VD () LENZ, JENNY B 2259 ISLAND CF SARASOTA, FL	REEK ROAD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	S () TERRY L. LENZ 2259 ISLAND CF SARASOTA, FL	REEK ROAD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name:	S () LANZ, TERRY L	Delete	Title: Name:	S (X) LENZ, TERRY L	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JENNY LENZ PRES 06/30/2005

2259 ISLAND CREEK ROAD

SARASOTA, FL 342406602

Address:

City-St-Zip:

2259 ISLAND CREEK ROAD

SARASOTA, FL 342406602