


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 518088**  
1. Entity Name  
**ALPHEA ENTERPRISES, INC.**



Principal Place of Business  
**8405 SUN STATE BLVD  
TAMPA, FL 33634**

Mailing Address  
**8405 SUN STATE BLVD  
TAMPA, FL 33634**



02212008 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**69-1703704** Applied For  
(Not Applicable)

5. Certificate of Status Desired  **\$0.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**DREIER, KEITH  
14612 VILLAGE GLEN CIRCLE  
TAMPA, FL 33624**

**DO NOT WRITE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 fee will be \$500.00**

9. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREIER, KEITH 14612 VILLAGE GLEN CIR TAMPA, FL 33624
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03/06/06-80040-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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 empowerments.

SIGNATURE: Keith A. Dreier 2/21/06 813-961-8360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR