2005 NOT-FOR-PROFIT CORPORATION

Jan 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # 750772 1. Entity Name A.L.P.H.A., "A BEGINNING," INC. 01-18-2005 90050 019 ****70.00 Principal Place of Business Mailing Address 701-5TH AVENUE NORTH 701-5TH AVENUE NORTH 40002474 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 59-1991525 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D & B Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5999 Central Avenue Suite 202 St. Petersburg, Fl 33710 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. BRIAN P. Deeb SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition BRETT, SUE 8022 ELEANT LÂNE N NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip SAINT PETERSBURG, FL 33710 CITY-ST-ZIP Delete ☐ Addition SAUNDERS, JOSEPH NAME NAME 550 SANDY HOOK RD STREET ADDRESS STREET ADDRESS TREASURE ISLAND, FL 33706 CHY_ST_7IP CITY-ST-78 BP malasina ☐ Delete TITLE Change . ☐ Addition mir MOLATINO, LONNIE NAME NAME STREET ADDRESS 14031 EGRET LANE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33672 CITY-ST-ZIP TIME DRP ☐ Delete TITLE ☐ Change ☐ Addition CROWE, KELLY NAME NAME 14005 RIDGEDALE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33625 TITLE DAD ☐ Delete TITLE ☐ Channe Addition GERBER, DIANE B NAME NAME STREET ADDRESS 1112 BEACH DR. NE #4 STREET ADDRESS SAINT PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TILE Delete NAME MAME STREET ADDRESS STREET ADDRESS Auc # 201 CITY-ST-ZIP 7 337/0 12. I hereby certify that the information supplied with this hing does not qualify 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 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 617, 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 empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: 🚣