2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 10, 2006 8:00 am
Secretary of State
03-24-2006 90024 037 ***150.00

DOCUMENT # F03000001916

1. Entity Name

ALPHA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2 AMBOY AVE. WOODBRIDGE NJ 07095	2 AMBOY AVE. WOODBRIDGE NJ 07095

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-1763475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARAMIS, GEORGE G 5636 S.E. SAILFISH WAY STUART FL 34997	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CHAIRMAN AVALLONE, A. LOUIS 418 RIDGEWOOD AVENUE GLEN RIDGE NJ 07028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OUTSIDE DIRECTOR CUSIMANO, JOSEPH ~~HONORARY ATTACHE~~ 222 SHREWSBURY ST. BOYLESTOWN, MA 01505	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVC PRESIDENT AVALLONE, CHRISTOPHER J 164 FOX CHASE ROAD CHESTER NJ 07930	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAFFY, THOMAS OUTSIDE DIRECTOR 1120 BLOOMFIELD AVE. WEST CALDWELL NJ 07006	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SECRETARY AVALLONE, PAMELA 418 RIDGEWOOD AVENUE GLEN RIDGE NJ 07028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SENIOR V.P BAXTER, JOHN 93 ELMWOOD AVENUE HO-HO-KUS NJ 07423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OUTSIDE DIRECTOR BENNISON, WILLIAM 68 PEREGRINE CROSSING SAVANNAH GA 31411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~LAFFEY THOMAS~~ ~~POLARIS RISK MGRS~~ ~~1120 BLOOMFIELD AVE.~~ ~~W. CALDWELL, NJ 07006~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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 empowered.

SIGNATURE: David McTurp 2/2/06 732 634 5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #