

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001916

Entity Name: ALPHA ASSOCIATES, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

2 AMBOY AVE.
WOODBIDGE, NJ 07095

New Principal Place of Business:

Current Mailing Address:

2 AMBOY AVE.
WOODBIDGE, NJ 07095

New Mailing Address:

FEI Number: 22-1763475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARAMIS, GEORGE G
5636 S.E. SAILFISH WAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: AVALLONE, A. LOUIS
Address: 418 RIDGEWOOD AVENUE
City-St-Zip: GLEN RIDGE, NJ 07028

Title: P () Delete
Name: AVALLONE, CHRISTOPHER J
Address: 164 FOX CHASE ROAD
City-St-Zip: CHESTER, NJ 07930

Title: S () Delete
Name: AVALLONE, PAMELA
Address: 418 RIDGEWOOD AVENUE
City-St-Zip: GLEN RIDGE, NJ 07028

Title: SVP () Delete
Name: BAXTER, JOHN
Address: 93 ELMWOOD AVENUE
City-St-Zip: HO-HO-KUS, NJ 07423

Title: OD () Delete
Name: BENNISON, WILLIAM
Address: 68 PEREGRINE CROSSING
City-St-Zip: SAVANNAH, GA 31411

Title: OD () Delete
Name: CUSIMANO, JOSEPH
Address: 222 SHREWSBURY ST
City-St-Zip: BOYLSTON, MA 01505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVID MCGUIGAN

CONT

04/26/2007

Electronic Signature of Signing Officer or Director

Date