2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001558

HOLDEN, LOIS

CANTON, OH 44720

5553 WHIPPLE AVENUE, SUITE 5

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Name: ALPHA SECURITY PRODUCTS, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ICASTER HIG TE, NC 2827					
Current Mailing Address:			New Mailing Address:			
5553 WHIPPLE AVE NW SUITE #5 CANTON, OH 44720			15015 LANCASTER HIGHWAY CHARLOTTE, NC 28277			
FEI Number:	34-1526357	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1 CAMMAG	, CHRISTIAN CK DRIVE), FL 32751	US				
	named entity : of Florida.	submits this statement for the	purpose of changing i	ts registe	red office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ac	jent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SANKEY, JAME	TER HIGHWAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MOOCK, ANDR	E AVENUE, SUITE 5	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EFFREMOFF,	PLAZA, 220 MARKET AVE SOUTH	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D ()) Delete	Title:	D	(X) Change () Addition	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HOLDEN, LOIS

15015 LANCASTER HIGHWAY

CHARLOTTE, NC 28277

SIGNATURE: LOIS HOLDEN D 04/30/2009