2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY - ST - ZIP

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # F74520 1. Entity Name 04-20-2005 90294 026 ***150.00 ALPHA REALTY & ASSOCIATES, INC. Principal Place of Business Mailing Address 1 EAST COLONIAL DRIVE ORLANDO FL 32801 1 EAST COLONIAL DRIVE ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2183560 Not Applicable Zip Country Zip Country \$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 RYLANDS BARBARA H WAGNER, BERYLENE O Street Address (P.O. Box Number is Not Acceptable) 3499 FAIRWAY LANE 1622 Crangewood ORLANDO FL 32804 City Zip Code 32806 <u>Orlando</u> 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 Fiorida. I am familiar with, and accept the obligations of registered Agent. (NOTE Registered Agent signature required when reinstating) FILE NOW!!!> FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **X** Delete TITLE ☐ Change Addition WAGNER, BERYLENE O Barbara H. Rylands 1622 Orangewood Ave NAME NAME STREET ADDRESS 2053 SIESTA LANG STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP Orlando FL 32806 TITLE THILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 truestee 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.

FILED