

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005124

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: ALPHA NEVADA CORPORATION

**Current Principal Place of Business:**

1223 WEST MAIN STREET  
SUITE #253  
SUN PRAIRIE, WI 53590

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 228  
SCHUYLER, NE 68661

**New Mailing Address:**

FEI Number: 39-1919415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERNAL, CECILIA  
7720 SW 77TH AVENUE  
MIAMI, FL 33143 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: P ( ) Delete  
Name: LUNDBERG, JACK  
Address: 5168 S. CEMETARY RD  
City-St-Zip: POPLAR, WI 54864

Title: VP ( ) Delete  
Name: GARY, PRICE C  
Address: 4952 THORSON ROAD  
City-St-Zip: SUN PRAIRIE, WI 53590

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: GARY C. PRICE

VP

04/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date