

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 SEP -7 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # G15339</b> 1. Entity Name <b>ALPHA MANUFACTURING, INC.</b>					
Principal Place of Business <b>19 NORTH TEXAS AVENUE ORLANDO, FL 32805</b>			Mailing Address <b>19 NORTH TEXAS AVENUE ORLANDO, FL 32805</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip			
Country		Country			
4. FEI Number <b>59-2246922</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <del>REGAL, ERVIN KENNETH</del> <del>19 NORTH TEXAS AVE</del> <del>ORLANDO, FL 32805</del>			7. Name and Address of New Registered Agent <b>HILSKY, ROBERT J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>19 NORTH TEXAS AVENUE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32805</b>		
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: <b>500109533565</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <b>09/18/07-010608703/200725</b>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REGAL, SUE 19 NORTH TEXAS AVE ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILSKY, ROBERT J. 19 NORTH TEXAS AVENUE ORLAND, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REGAL, ERVIN KENNETH 19 NORTH TEXAS AVE ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEYER, STEVEN J. 20 NORTH COBURN ORLANDO FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAYBURN, RICHARD 19 NORTH TEXAS AVE. ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUHLE, STEVEN P. 20 NORTH COBURN ORLANDO FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<b>HILSKY, ROBERT J.,</b> President		08/03/2007 407-293-6337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**LEFKOWITZ & SHAW, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ\*  
THOMAS C. SHAW\*\*  
KEVIN A. SENTNER\*\*

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FACSIMILE (407) 425-1981  
WEBSITE: ORLANDOLAW.ORG

\* BOARD CERTIFIED IN TAXATION AND  
MASTER OF LAWS IN ESTATE PLANNING  
\*\* BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

September 5, 2007

Attn: Corporations Division  
Secretary of State  
Bureau of Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

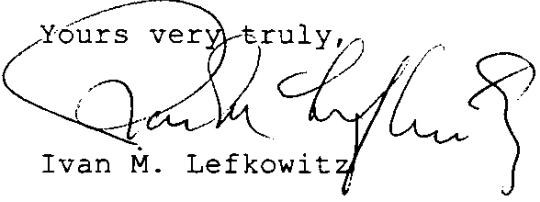
Re: Alpha Manufacturing, Inc.  
Document No. G15339

Dear Sir or Madam:

In connection with the above referenced corporation, enclosed please find an Amended Annual Report along with a check in the amount of \$61.25 to cover the filing fees.

If there are any questions concerning the above, please do not hesitate to call me.

Yours very truly,

  
Ivan M. Lefkowitz

IML:cey  
Enclosures  
cc: Robert Hilsky, President