2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# H25965

Entity Name: ALPHA INSURANCE MANAGEMENT CORPORATION

Current Principal Place of Business:

ONE BEACH DR SE
230
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1902
ST. PETERSBURG, FL 337311902 US

New Mailing Address:

FEI Number: 59-2459559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERSET, LINDA C
ONE BEACH DRIVE SE STE 230
ST. PETERSBURG, FL 33701 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: PRES
Name: BERSET, LINDA C
Address: 1050 FRIENDLY WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SECT
Name: BERSET, LINDA C
Address: 1050 FRIENDLY WAY S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: CEO
Name: BERSET, MARK S
Address: 1050 FRIENDLY WAY S
City-St-Zip: ST PETERSBURG, FL 33705 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA C BERSET PD 02/16/2010

Electronic Signature of Signing Officer or Director Date