


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90402 026 \*\*\*150.00

<b>DOCUMENT # K88281</b> 1. Entity Name <b>ALPHA AIR SYSTEMS, INC.</b>					
Principal Place of Business <b>71 COREY CIRCLE</b> <b>ST PETE BCH, FL 33706 US</b>			Mailing Address <b>71 COREY CIRCLE</b> <b>ST PETE BCH, FL 33706 US</b>		
2. Principal Place of Business <b>5718 Tangerine Ave S.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5718 Tangerine Ave S</b> Suite, Apt. #, etc.			
City & State <b>Gulfport FL</b>		City & State <b>Gulfport FL</b>		4. FEI Number <b>59-2949296</b>	
Zip <b>33707</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent  <b>LIGOCKI, FRANK</b> <b>71 COREY CIRCLE</b> <b>ST PETE BEACH, FL 33706</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5718 Tangerine Avenue So</b> City <b>Gulfport</b> <b>FL</b> Zip Code <b>33707</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: <u><i>Frank Ligocki</i></u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LIGOCKI, FRANK</b> <b>71 COREY CIRCLE</b> <b>ST PETE BCH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5718 Tangerine Avenue South</b> <b>Gulfport FL</b> <b>33707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PAUTLER, PAMELA J</b> <b>71 COREY CIRCLE</b> <b>ST PETE BCH, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5718 Tangerine Avenue South</b> <b>Gulfport FL</b> <b>33707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>Mathew B. Durcen</b> <b>5718 Tangerine Avenue S.</b> <b>Gulfport FL 33707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Frank Ligocki</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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