

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115760

FILED
Mar 15, 2007
Secretary of State

Entity Name: ALPHA BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

5117 26TH STREET W
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

5117 26TH STREET W
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 33-1127711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINSON, JAMES M
11910 TIMBERHILL DRIVE
RIVERVIEW, FL 33569 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VINSON, JAMES M
Address: 5117 26TH STREET W
City-St-Zip: BRADENTON, FL 34207 US

Title: MGRM () Delete
Name: CLEMENTS, DAVID
Address: 5117 26TH STREET W
City-St-Zip: BRADENTON, FL 34207 US

Title: MGRM (X) Delete
Name: DEAL, SKIP
Address: 5117 26TH STREET W
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DEAL, SKIP
Address: 5117 26TH STREET W
City-St-Zip: BRADENTON, FL 34207 US

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES M VINSON

MGRM

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date