2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074794

Address:

City-St-Zip:

Entity Name: ALPHA MOVING AND STORAGE, LLC

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 750 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 750 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32824 FEI Number: 65-1291126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAUDION, PETER 750 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32824 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition MCDANIEL, CHARLES W PRES Name: Name: Address: Address: 4022 JEFFERSON DAVIS HWY City-St-Zip: City-St-Zip: STAFFORD, VA 22554 Title: Title: () Change (X) Addition () Delete Name: Name: DODSON, BARRY EVP Address: Address: 4022 JEFFERSON DAVIS HWY City-St-Zip: City-St-Zip: STAFFORD, VA 22554 Title: () Delete Title: CFO () Change (X) Addition MARSHALL, HILTON G Name: Name: Address: Address: 4022 JEFFERSON DAVIS HWY City-St-Zip: City-St-Zip: STAFFORD, VA 22554 Title: () Delete Title: () Change (X) Addition Name: Name: MCDANIEL, CHARLES G CHAIR 4022 JEFFERSON DAVIS HWY Address: Address: City-St-Zip: City-St-Zip: STAFFORD, VA 22554 Title: () Delete Title: () Change (X) Addition WOOD, HAROLD Name: Name: 4022 JEFFERSON DAVIS HWY

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.

Address:

City-St-Zip:

STAFFORD, VA 22554

SIGNATURE: HILTON G. MARSHALL