10-7

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2008 08:00 AN Secretary of State

DOCUMENT # L36240 1. Entily Name ALPHA ADVERTISING, PRINTING AND DISPLAYS, INC.			
Principal Place of Business	Mailing Address		
C/O ANNE HARRISON RADKE	1412 FLGA HWY		
1412 FLGA HWY HAVANA, FL 32333	HAVANA, FL 32333	US	
UHAMIAY, LE DEDDD			

01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2990025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RADKE, ANNE HARRISON DO NOT WRITE 1412 FLGA HWY HAVANA, FL 32333 IN THIS SPACE 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. Signature, typed or printed name of registered agent and bile if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE RADKE, ANNE HARRISON NAME STREET ADDRESS 1412 FL GA HWY U00000923436 HAVANA, FL 32333 CITY-ST-7IP ns/ĭš/Ďã-80030-017 158.75 TATLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 with all other like empowered.

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #