

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90226 001 \*\*\*450.00

**66010213**



01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L53429</b> 1. Entity Name ALPHA WEIGHT CONTROL CENTER, INC.			
Principal Place of Business 201 TRISMEN TERRACE WINTER PARK, FL 32789 US		Mailing Address 201 TRISMEN TERRACE WINTER PARK, FL 32789 US	
2. Principal Place of Business 70 Main St, 2nd Floor Suite, Apt. #, etc.		3. Mailing Address 70 Main St, 2nd Floor Suite, Apt. #, etc.	
City & State New Canaan, CT		City & State New Canaan, CT	
4. FEI Number 59-2992432		Applied For Not Applicable	
Zip 06840		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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, 2005 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 GREEN, RANDALL B D.O. 201 TRISMEN TERRACE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPRAGUE, PAUL R 70 MAIN STREET, 2ND FLOOR NEW CANAAN, CT 06840	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.			
SIGNATURE: <i>[Handwritten Signature]</i>		Date: <i>1 May 05</i>	