

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 11, 2007 8:00 am
Secretary of State**

01-11-2007 90058 030 ****61.25

DOCUMENT # N0000000498

1. Entity Name
ALPHA SCHOOL, INC.



Principal Place of Business
2524 HARTSFIELD RD.
TALLAHASSEE, FL 32303

Mailing Address
2524 HARTSFIELD RD.
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

40001100
4. FEI Number
59-3622879

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, CHARLES
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLOM, JASON
STREET ADDRESS 1510 COLONIAL DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DT
NAME WATSON, HANNA
STREET ADDRESS 685 FOREST RD.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME POEY, DELIA
STREET ADDRESS 4422 CRIPPLE CREEK
CITY-ST-ZIP TALLAHASSEE, FL 32309

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

VD
Patterson, Frank
2413 Oakdale St.
Tallahassee, FL 32308

TITLE D
NAME BROWN, TONY
STREET ADDRESS 1190 CONCORD RD.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

D
wells, Beverly
3128 Ortega Dr.
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

DT
Kinelman, Sam
2913 Brandemere Dr.
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 617, 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: *Beverly J. Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 850-386-5550

Date

Daytime Phone #