## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006581

City-St-Zip: CHARLOTTE, NC 28277

FILED May 14, 2007 Secretary of State

DOCON	1L141# 1400000000001		Secretary of State	
Entity Nar	me: ALPHA TECHNOLOGY GROUP, INC.			
Current Principal Place of Business:		New Principal Place o	of Business:	
833 22ND SAINT PE	ST. S TERSBURG, FL 33712			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX 16344 CLEARWATER, FL 33766		833 22ND ST. S SAINT PETERSBURG,	833 22ND ST. S SAINT PETERSBURG, FL 33712	
FEI Number:	: 59-3728495 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did not i	FEI Number Not Applicable ( ) receive the prior notice.	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
CAMPBELL, GLORIA D 833 22ND ST. S SAINT PETERSBURG, FL 33712 US			CAMPBELL, GLORIA D 1077 WEATHERSFIELD DRIVE DUNEDIN, FL 34698 US	
	named entity submits this statement for the pure of Florida.	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GLORIA D. CAMPBELL			05/14/2007	
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete CAMPBELL, GLORIA 1077 WEATHERSFIELD DR. DUNEDIN, FL 34698	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete CAMPBELL, WILLIAM 1077 WEATHERSFIELD DR. DUNEDIN, FL 34698	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	TD ( ) Delete DIXON, DALE 3507 SHORELANE	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GLORIA D. CAMPBELL DIR 05/14/2007