## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000578

Address:

City-St-Zip:

Entity Name: ALPHACHASE FOUNDATION INC.

FILED May 04, 2006 Secretary of State

	mer herriceringer deligation into			
Current Principal Place of Business:		New Principal Place of Business:		
242 18TH ST PETER	AVE S RSBURG, FL 33705			
Current Mailing Address:		New Mailing Address:		
242 18TH ST PETER	AVE S RSBURG, FL 33705			
	: 27-0072716 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation d			
Name and	d Address of Current Registered Agent	: Name and Address of New Registered Agent:		
242 18TH ST PETER	RSBURG, FL 33705 US			
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or bot	:h,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent Date	_	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete MCGINLEY, CHARLES CEO 242 18TH AVE S ST PETERSBURG, FL 33705	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete OTTOFY, CHASE 8133 BAY HARBOUR DR LAS VEGAS, NV 89128	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete MILLIKAN, ALFRED 435 WATT RD KNOXVILLE, TN 37922	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D ( ) Delete MILLER, STEPHANIE 401 N. BROADWAY, APT. 301 ST. LOUIS, MO 63001	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name:	( ) Delete	Title: D ( ) Change (X) Addition Name: JANES, STEPHEN		

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 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.

Address:

City-St-Zip:

P.O.BOX 2177

SAIBT PETERSBURG, FL 33731 US

SIGNATURE: CHARLES A. MCGINLEY D 05/04/2006