2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000009058



FILED Aug 27, 2007 8:00 am Secretary of State

ALPHA WORLD-WIDE HUMANITARIAN CORPORATION, INC.							08-27-2007 90034 001 ****61.25				
6990 HELMS ROAD 699			6990	ing Address 90 HELMS ROAD NSACOLA, FL 32526							
Principal Place of Business - No P.O. Box # 3. Mailing Address					· .						
Suite, Apt. #, etc. S			Suite	Suite, Apt. #, etc.			08012007 Ct	hg-NP C	CR2E037 (12/06	i)	
City & State			City	City & State			4. FEI Number 2 0 ← 5	54937.	3	Applied For Not Applicable	
Zip			Zip				5. Certificate of Status Desired Search Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
KIEIN IA	VEDNI				Name						
KLEIN, LAVERN J 6990 HELMS ROAD PENSACOLA, FL 32526					Street A	Street Address (P.O. Box Number is Not Acceptable)					
					}						
					City	City FL Zip Code					
	named entity tions of regist	y submits this statement fi ered agent.	or the purpos	e of changing its re	egistered office o	r registere	ed agent, or both, in	the State of Florida	a. I am familiar wi	th, and accept	
SIGNATURE /	Signature, typed	or printed name of registered agen	t and title if applica	sble. (NOTE,	Registered Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaign F Trust Fund Contribut							\$5.00 May Be Added to Fees	,	check payable Department of		
10.		OFFICERS AND DI	RECTORS		11.	Ā	DDITIONS/CHANGI	ES TO OFFICERS	AND DIRECTORS	IN 10	
TITLE	CEO			☐ Delete	TITLE	VP			☐ Chang	e Maddition	
NAME	KLEIN, LA	VERN J			NAME						
STREET ADDRESS	1	MS ROAD				FDV	VARAG.E	VAN B	_	ĺ	
CITY-ST-ZIP	PENSACO	CITY-SI-ZIP PENSACOLA, FL 32526			STREET ADDRESS	1701	VARAS, E	OX ST.			
TITLE	VCEO				STREET ADDRESS CITY-ST-ZIP	901 PEN	VARDS, E N. PALAFO SACOLA.	VAN B. Ux sti FL 325			
NAME				☐ Delete	1	PEN VP	SACOLA,	FL 325	50 □ Chang	je Addition	
STREET ADDRESS	WILSON,	DONALD E		☐ Delete	CITY-ST-ZIP	PEN VP	VARAS, E N. PALAFO SACOLA, STE	FL 325	50 □ Chang	e Addition	
	2618 YOU	INGWOOD LANE		☐ Delete	CITY-ST-ZIP TITLE	PEN VP PEAI	SACOLA,	FL 325 PHEN K.	50 □ Chang	e Addition	
CITY-ST-ZIP	2618 YOU			☐ Delete	CITY-ST-ZIP TITLE NAME	PEN VP PEA: 1660	SACOLA, S RCE, STER O ROOK	FL 325 PHEN K. DR.	☐ Chang	e Addition	
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	2618 YOU CANTON! P GILBERT,	MENT, FL 32533 JAMES-L			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEN PEA 1660 PEN VP	SACOLA, SACOLA, SACOLA, SACOLA, S	FL 325 PHEN K. DR. FL 325	Chang		
TITLE	2618 YOU CANTON! P GILBERT, 9891 AJLE	MGWOOD LANE MENT, FL 32533 JAMES-L RON AVENUE			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEN PEA 1660 PEN VP	SACOLA, SACOLA, SACOLA, SACOLA, S	FL 325 PHEN K. DR. FL 325	Chang		
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TITLE NAME STREET ADDRESS	2618 YOU CANTON! P GILBERT, 9891 AJLE	MGWOOD LANE MENT, FL 32533 JAMES-L RON AVENUE			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	PEN VP 1660 PEN VP VAU 803 BAY	SACOLA, TREE ROOK SACOLA, TAY TAY TAKEVIEW	FL 325 PHEN K. DR. FL 325 IMOND V J DR. TE, AL	Chang	e Addition	
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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:

SIGNATURE AND TYPED ON PRINTER NAME OF SIGNING DIFFICER OR DIRECTOR

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