2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000009058

Entity Name: ALPHA WORLD-WIDE HUMANITARIAN CORPORATION, INC.

Current Principal Place of Business:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-5549373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, LAVERN J
6990 HELMS ROAD
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	KLEIN, LAVERN J	
Address:	6990 HELMS ROAD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	VCEO	( ) Delete
Name:	WILSON, DONALD E	
Address:	2618 YOUNGWOOD LANE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	VP	( ) Delete
Name:	EDWARDS, EVAN B	
Address:	701 N. PALAFOX ST	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	VP	( ) Delete
Name:	PEARCE, STEPHEN K	
Address:	1660 ROOK DR	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	VP	( ) Delete
Name:	VAUGHT, RAYMOND	
Address:	803 LAKEVIEW DR	
City-St-Zip:	BAY MINETTE, AL 36507	
Title:	VP	( ) Delete
Name:	WEBER, ROBERT	
Address:	6530 EL PRESIDIO DR	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: DONALD E. WILSON MR. 04/28/2009

Electronic Signature of Signing Officer or Director — Date