2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011811

Entity Name: ALPHA ALPHA PSI, INC.

FILED Feb 20, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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411 OVERSTREET DRIVE DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

411 OVERSTREET DRIVE DESTIN, FL 32541

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FREMIN, STEFANIE FREMIN, STEFANIE M
150 BENT ARROW DRIVE
UNIT 47
DESTIN, FL 32541 US
FREMIN, STEFANIE M
150 BENT ARROW DRIVE
UNIT 47
DESTIN, FL 32541 US
DESTIN, FL 32541 US

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: STEFANIE M. FREMIN 02/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:FREMIN, STEFANIEName:FREMIN, STEFANIE MAddress:411 OVERSTREET DRIVEAddress:411 OVERSTREET DRIVECity-St-Zip:DESTIN, FL 32541City-St-Zip:DESTIN, FL 32541

 Name:
 BOURNE, MARCIA
 Name:

 Address:
 411 OVERSTREET DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 PATTERSON, TRISHA
 Name:

 Address:
 411 OVERSTREET DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 GROSS, SHARI
 Name:

 Address:
 411 OVERSTREET DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 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: STEFANIE M. FREMIN P 02/20/2008