

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011811

Entity Name: ALPHA ALPHA PSI, INC.

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

411 OVERSTREET DRIVE  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

411 OVERSTREET DRIVE  
DESTIN, FL 32541

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FREMIN, STEFANIE M  
1150 AIRPORT ROAD  
UNIT 137  
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

03/04/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FREMIN, STEFANIE M  
Address: 411 OVERSTREET DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete  
Name: BOURNE, MARCIA  
Address: 411 OVERSTREET DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete  
Name: PATTERSON, TRISHA  
Address: 411 OVERSTREET DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete  
Name: GROSS, SHARI  
Address: 411 OVERSTREET DRIVE  
City-St-Zip: DESTIN, FL 32541

## 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:

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

03/04/2009

Electronic Signature of Signing Officer or Director

Date