

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2006
Secretary of State**

DOCUMENT# N46703

Entity Name: ALPHA LEADERSHIP EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2027 26TH STREET SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2027 26TH STREET SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3123718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, CLARENCE C
2027 26TH STREET SOUTH
ST PETERSBURG, FL 33712 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: DS () Delete
Name: GIVENS, RODERICK C
Address: 4 CLUB DRIVE
City-St-Zip: NATCHEZ, MS 39120

Title: D () Delete
Name: GIVENS, DARLENE C
Address: 18130 STONE ANGEL DRIVE
City-St-Zip: HUMBLE, TX 77346

Title: DT () Delete
Name: GIVENS, CEDRIC C
Address: 13107 RIVIERA TERRACE
City-St-Zip: SILVER SPRINGS, MD 20909

Title: DC () Delete
Name: GIVENS, CLARENCE C
Address: 2027 26TH ST SO
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GIVENS, DARLENE C
Address: 19911 POWERSCOURT DR
City-St-Zip: HUMBLE, TX 77346

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 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: CLARENCE C GIVENS

DC

04/12/2006

Electronic Signature of Signing Officer or Director

Date