2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006745

Entity Name: THE ALPHA CLUB, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4418B NORTH HUBERT STREET TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

9408 N. EDISON AVE. 8014 CORNWALL LN. TAMPA, FL 33612 US TAMPA, FL 33615 US

FEI Number: 59-3500409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

EDWARDS, ALAN
9408 N. EDISON AVE.
TAMPA, FL 33612 US
EDWARDS, ALAN
8014 CORNWALL LN.
TAMPA, FL 33615 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: 01/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 EDWARDS, ALAN
 Name:
 EDWARDS, ALAN

 Address:
 9408 N EDISON AVE.
 Address:
 8014 CORNWALL LN.

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:
 TAMPA, FL 33615

Title: VP () Delete Title: () Change () Addition

 Name:
 RITZ, ROBERT
 Name:

 Address:
 9004 W. NORFOLK ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 LAPOINT, KEN
 Name:

 Address:
 8703 MATWOOD CT.
 Address:

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 EDWARDS, CAROLYN
 Name:
 EDWARDS, CAROLYN

 Address:
 9408 N. EDISON AVE.
 Address:
 8014 CORNWALL LN.

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:
 TAMPA, FL 33615

Name: FRAGOSO, AGNES Name: LOY, MARK

 Address:
 8243 VASSAR CIR.
 Address:
 8773 HUNTFIELD ST.

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 TAMPA, FL 33635

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: ALAN EDWARDS PRES 01/12/2009