


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000074534</b> 1. Entity Name ALPHA RAILROAD BROKERAGE, INC.	
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Principal Place of Business 28 INDUSTRIAL LOOP NORTH SUITE 179 ORANGE PARK, FL 32073	Mailing Address 28 INDUSTRIAL LOOP NORTH SUITE 179 ORANGE PARK, FL 32073
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07112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3658566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MURPHY, FRANK D 1416 CRICKET HOLLOW LANE JACKSONVILLE, FL 32259
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000570135  
07/13/06-80020-019 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, FRANK D 1416 CRICKET HOLLOW LANE FRUIT COVE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, BARBARA J 1416 CRICKET HOLLOW LANE FRUIT COVE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODMAN, KATHERINE D 822 PHILLIPS STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank D. Murphy **FRANK D. MURPHY** 7-11-06 904-541-1072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #