

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021560

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1220-A 10TH ST  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

1220-A 10TH ST  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number: 65-1096838**      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BERROCAL, CARLOS J  
11849 BLACKWOODS LANE  
WEST PALM BEACH, FL 33412      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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:           CREEF, DAVID L  
Address:        11849 BLACKWOODS LN  
City-St-Zip:    W PALM BCH, FL 33412

Title:            D            ( ) Delete  
Name:           CREEF, ERIN M  
Address:        11849 BLACKWOODS LN  
City-St-Zip:    W PALM BCH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CREEF

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date