## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000083627

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Entity Name: ALPHA TECHNOLOGY SOLUTIONS, INC.

FILED Apr 17, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	ND PARKE DI NVOLLE, FL (					
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
	ND PARKE DI NVOLLE, FL (					
FEI Number	: 14-1891700	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:		
	PRIESTLEY					
	NVILLE, I E 32					
The above	,		purpose of changing its registere	ed office or registered agent, or both,		
The above	e named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,		
The above in the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both,  Date		
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	y submits this statement for the				
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	y submits this statement for the point of the point Signature of Registered Aging Trust Fund Contribution ( ).	gent			
The above in the Stat SIGNATU Election Ca	e named entity e of Florida.  RE: Electro mpaign Financi  S AND DIRE  P ( ANGLIN, RIC, 676 GRAND I	y submits this statement for the point Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:	gent	Date		
The above in the Status SIGNATU Election Ca OFFICER Title: Name: Address:	e named entity e of Florida.  RE:  Electro  mpaign Financi  S AND DIRE  P ( ANGLIN, RIC, 676 GRAND F JACKSONVIL  SVP ( PRIESTLEY, 676 GRAND F	y submits this statement for the poinc Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ( ) Delete ARDO PARKE DRIVE ILE, FL 32259	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  BES TO OFFICERS AND DIRECTORS		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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. DVVIGHT PRIESTLET IVIR. 04/11/1/200	SIGNATURE:	: DWIGHT PRIESTLEY	MR.	04/17/2005
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