## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000139106

Entity Name: ALPHA DRUGS INC

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
7857 PALI TAMPA, F	M RIVER ROAD L 33619 US				
Current Mailing Address:			New Mailing Address:		
7857 PALN TAMPA, F	M RIVER ROAD L 33619 US				
FEI Number	: 90-0128585	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TAJUDEE 9214 SUN RIVERVIE		US			
	named entity so e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I ADEKANMBI, AD 1330 HATCHER BRANDON, FL 3	LOOP DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I ALIMI, TAJUDEE 9214 SUNNYOAI RIVERVIEW, FL	< DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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

SIGNATURE: ADEKUNLE ADEKANMBI D 04/17/2009