


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90198 033 ***150.00

DOCUMENT # P04000099540	
1. Entity Name ALPHA MARKETING AND MANAGEMENT GROUP, INC.	

40063542



Principal Place of Business 1341 NW 177 TERR MIAMI, FL 33169	Mailing Address 1341 NW 177 TERR MIAMI, FL 33169
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2. Principal Place of Business 612 SW 168th Lane	3. Mailing Address 612 SW 168th Lane
Suite, Apt. #, etc. Pembroke Pines, FL	Suite, Apt. #, etc.
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33027	Country USA

04222006 Chg-P CR2E034 (11/05)

4. FEI Number
71-0969918

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONG-EBOT, WILLIAM 1341 NW 177 TERR MIAMI, FL 33169	
7. Name and Address of New Registered Agent Name JONG-EBOT WILLIAM Street Address (P.O. Box Number is Not Acceptable) 612 SW 168th Lane City Pembroke Pines FL Zip Code 33027	

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONG-EBOT, WILLIAM 1341 NW 177 TERR MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 612 SW 168th Lane Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONG-EBOT, HILDAH 1341 NW 177 TERR MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 612 SW 168th Lane Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, REBECCA 1917 LINCOLN ST #14 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 28996 McNurken Gotham, WI 53540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-23-06** **954 392-4016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #