2008 FOR PROFIT CORPORATION

Apr 09, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000092787 04-09-2008 90021 044 ***150 00 1. Entity Name ALPHA SPORTS GEAR, INC. Principal Place of Business Mailing Address 1100 W BLUE SPRINGS AVE 1100 W BLUE SPRINGS AVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 84-1409457 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QURESHI, RIAZ Street Address (P.O. Box Number is Not Acceptable) 1100 W BLUE SPRINGS AVE ORANGE CITY, FL 32763 Zip Code 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. 4/02/08 RIAZ QURESHI (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE : Detete TITLE RIAZ QURESHI 1100 W BLUE SPRINGS AUE QURESHI, MEHER NAME NAME STREET ADDRESS 1100 W BLUE SPRINGS AVE STREET ADDRESS DRANGE CITY FL 32763 CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MEHER QURESHI 1100 W. BLUE SPRINGS AVE QURESHI, RIAZ NAME NAME 1100 W BLUE SPRINGS AVE STREET ADDRESS STREET ADDRESS DRANGE CITY, FL 32763 ORANGE CITY, FL 32763 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

TITEF

NAME STREET ADDRESS

The state of the s

一年八天日日日

こうでは、これのはないないできるとうないという

AND THE PERSON OF THE PERSON O

☐ Delete

4/02/08 386-774-1616
Dayline Phore #

☐ Change

☐ Addition

FILED