

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003975

Entity Name: ALPHA ACQUISITIONS INC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

378 WEST OSCEOLA ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 541072
ORLANDO, FL 32854 US

New Mailing Address:

PO BOX 547696
ORLANDO, FL 32854 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HE, YI QIAN
378 WEST OSCEOLA ST
CLERMONT, FL 34711 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: P () Delete
Name: SHEMANSKY, JOSEPH
Address: PO BOX 541072
City-St-Zip: ORLANDO, FL 32854 US

Title: VP () Delete
Name: HE, YI QIAN
Address: PO BOX 541072
City-St-Zip: ORLANDO, FL 32854 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEMANSKY, JOSEPH
Address: PO BOX 547696
City-St-Zip: ORLANDO, FL 32854 US

Title: VP (X) Change () Addition
Name: HE, YI QIAN
Address: PO BOX 547696
City-St-Zip: ORLANDO, FL 32854 US

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: JOE SHEMANSKY

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date