

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044790

Entity Name: ALPHA PRODUCTS, INC.

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

5290 LEVI LANE
SARASOTA, FL 34233

New Principal Place of Business:

1694 FLOYD STREET
SARASOTA, FL 34239

Current Mailing Address:

5290 LEVI LANE
SARASOTA, FL 34233

New Mailing Address:

P.O. BOX 2966
SARASOTA, FL 34230

FEI Number: 80-0181262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKIRK, STEPHANIE
5290 LEVI LANE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

NIKIRK, STEPHANIE
1694 FLOYD STREET
SARASOTA, FL 34239 US

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: STEPHANIE NIKIRK

05/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NIKIRK, STEPHANIE
Address: 5290 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NIKIRK, STEPHANIE
Address: 1694 FLOYD STREET
City-St-Zip: SARASOTA, FL 34239

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: STEPHANIE NIKIRK

DP

05/29/2009

Electronic Signature of Signing Officer or Director

Date