2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076927

Entity Name: ALFA BUSINESS AND PERSONAL SERVICES INC

FILED Apr 08, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

821 SAND LAKE ROAD
ORLANDO, FL 32809

5659 CURRY FORD RD
ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

821 SAND LAKE ROAD 5659 CURRY FORD RD ORLANDO, FL 32809 ORLANDO, FL 32822

FEI Number: 26-3202874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WIERENICZ, CARLA C
10203 EASTMAR COMMONS BLVD
1712
ORLANDO, FL 32825 US

WIERENICZ, CARLA C
5741 CROWNTREE LANE
210
ORLANDO, FL 32829 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: CARLA C WIERENICZ 04/08/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIERENICZ, CARLA C

Name: WIERENICZ, CARLA C
Address: 10203 EASTMAR COMMONS BLVD 1712

ORLANDO, FL 32825

City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: OCHOA, LUIS DANIEL
Address: 10325 ROCKING A RUN

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: WIERENICZ, CARLA C

Address: 5741 CROWNTREE LANE APT 210

City-St-Zip: ORLANDO, FL 32829

Title: () Change () Addition

Name: Address: City-St-Zip:

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: CARLA C WIERENICZ P 04/08/2009