

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090919

Entity Name: ALPHA EDUCATION INSTITUTE, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

3361 NW 47TH TERRACE
130
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

8569 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 US

Current Mailing Address:

3361 NW 47TH TERRACE
130
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

8569 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCHANAN, PATRICK L
3361 NW 47TH TERRACE
130
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

JAMES-FRANCIS, MAXINE A DR.
8569 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 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: DR. MAXINE JAMES-FRANCIS

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN-DALEY, VANILYN
Address: 3361 NW 47TH TERRACE #130
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP () Delete
Name: FRANCIS, MAXINE
Address: 8569 SHALLOW BROOKE COVE
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: VP (X) Delete
Name: BUCHANAN, PATRICK L
Address: 3361 NW 47TH TERRACE #130
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JAMES-FRANCIS, MAXINE A DR.
Address: 8569 SHALLOWBROOKE COVE
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: VP (X) Change () Addition
Name: BUCHANAN, PATRICK L MR.
Address: 3361 NW 47TH TERRACE # 130
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

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: DR. MAXINE JAMES-FRANCIS

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date