

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090919

Entity Name: ALPHA EDUCATION INSTITUTE, INC.

FILED
May 04, 2010
Secretary of State

Current Principal Place of Business:

8569 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 US

New Principal Place of Business:

5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 US

Current Mailing Address:

8569 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 US

New Mailing Address:

5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JAMES-FRANCIS, MAXINE A DR.
5460 NORTH STATE ROAD 7
SUITE 216
NORTH LAUDERDALE, FL 33319 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

05/04/2010

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: PRES
Name: JAMES-FRANCIS, MAXINE A DR.
Address: 5460 NORTH STATE ROAD 7, SUITE 216
City-St-Zip: NORTH LAUDERDALE, FL 33319 US

Title: VP
Name: BUCHANAN, PATRICK L MR.
Address: 5460 NORTH STATE ROAD 7, SUITE 216
City-St-Zip: NORTH LAUDERDALE, FL 33319 US

I hereby 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 all other like empowered.

SIGNATURE: DR. MAXINE JAMES-FRANCIS

PRES

05/04/2010

Electronic Signature of Signing Officer or Director

Date