## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031149

Entity Name: ALPHA MANAGEMENT ADMINISTRATION CORP.

FILED Apr 19, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

230 SUNPORT LANE 230 SUNPORT LANE

STE 100 SUITE 100

ORLANDO, FL 32829 US ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

230 SUNPORT LANE 230 SUNPORT LANE

OFFICE 100 SUITE 100

ORLANDO, FL 32829 US ORLANDO, FL 32809 US

FEI Number: 65-0408992 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:

BETHENCOURT, MARIA E
8559 LAKE WINDHAM AVE
ORLANDO, FL 32829 US
SUITE 100
ORLANDO, FL 32809 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: MARIA E. BETHENCOURT 04/19/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PS

Name: BETHENCOURT, MARIA E Address: 8559 LAKE WINDHAM AVE City-St-Zip: ORLANDO, FL 32829

Title: VT

Name: BETHENCOURT, ROBERT J Address: 8559 LAKE WINDHAM AVE City-St-Zip: ORELANDO, FL 32829

Title: VP

Name: BETHENCOURT, CAROLINE F Address: 8559 LAKE WINDHAM AVE City-St-Zip: ORLANDO, FL 32829

Title: VP

Name: BETHENCOURT, ROBERT J Address: 8559 LAKER WINDHAM AVE City-St-Zip: ORLANDO, 32 32829

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: MARIA E. BETHENCOURT PS 04/19/2011