

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2007
Secretary of State**

DOCUMENT# P93000079324

Entity Name: ALPHA MRC, INC.

Current Principal Place of Business:

2425 N COURTNEY PKWY SUITE 9
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

2395 N COURTNEY PKWY SUITE 102
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

3207 BUCKINGHAM LANE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3225055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONSTANTINIDE, MICHAEL F
3207 BUCKINGHAM LANE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: CONSTANTINIDE, MICHAEL F
Address: 3207 BUCKINGHAM LANE
City-St-Zip: COCOA, FL 32926

Title: PDC () Delete
Name: CONSTANTINIDE, ROXANA R
Address: 3207 BUCKINGHAM LANE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CONSTANTINIDE

VP

02/01/2007

Electronic Signature of Signing Officer or Director

_____ Date