


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90200 013 ***150.00

DOCUMENT # P94000048505 1. Entity Name ALPHA INVESTMENT SERVICES, INC.																											
Principal Place of Business 1680 HWY. A1A SATELLITE BEACH, FL 32937		Mailing Address P.O. BOX 372408 SATELLITE BEACH, FL 32937																									
2. Principal Place of Business <i>310 FIFTH AVE... P.O. BOX 35866</i> Suite, Apt. #, etc.		3. Mailing Address <i>310 FIFTH AVE... P.O. BOX 35866</i> Suite, Apt. #, etc.																									
City & State <i>INDIANALANTIC, FLORIDA</i> Zip <i>32903</i>		City & State <i>INDIANALANTIC, FLORIDA</i> Zip <i>32903</i>																									
Country <i>USA</i>		Country <i>USA</i>																									
4. FEI Number 59-3249889		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WALL, KENNETH R. 1680 HIGHWAY A1A SATELLITE BEACH, FL 32937 <i>NO CHANGE IN REG AGENT</i> <i>ADDRESS CHANGE ONLY</i>		7. Name and Address of New Registered Agent Name <i>WALL, KENNETH R.</i> Street Address (P.O. Box Number is Not Acceptable) <i>310 FIFTH AVENUE</i> City <i>INDIANALANTIC</i>																									
State <i>FL</i>		Zip Code <i>32903</i>																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Kenneth R. Wall</i> 07/07/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALL, KENNETH R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1680 HWY. A1A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SATELLITE BEACH, FL 32937</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WALL, KENNETH R		STREET ADDRESS	1680 HWY. A1A		CITY-ST-ZIP	SATELLITE BEACH, FL 32937		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P/S/F/D</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WALL, KENNETH R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>310 FIFTH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIANALANTIC, FL 32903</td> <td></td> </tr> </table>		TITLE	P/S/F/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALL, KENNETH R.		STREET ADDRESS	310 FIFTH AVENUE		CITY-ST-ZIP	INDIANALANTIC, FL 32903	
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This entity did not receive prior notice.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth R. Wall* 07/07/2005 321-956-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #