

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088723

Entity Name: ALPHA HOME LOAN, CORP.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

3395 WEST VINE STREET
SUITE 301
KISSIMMEE, FL 34741 US

New Principal Place of Business:

2804 MAGUIRE DRIVE
KISSIMMEE, FL 34741 US

Current Mailing Address:

3395 WEST VINE STREET
301
KISSIMMEE, FL 34741 US

New Mailing Address:

2804 MAGUIRE DRIVE
KISSIMMEE, FL 34741 US

FEI Number: 65-0700460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAHAN, DOROTHY
2804 MAGUIRE DRIVE
KISSIMMEE, FL 34741 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: PS () Delete
Name: TRAHAN, DOROTHY
Address: 2804 MAGUIRE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: TRAHAN, DOROTHY
Address: 2804 MAGUIRE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: DOROTHY TRAHAN

PSD

02/03/2006

Electronic Signature of Signing Officer or Director

Date