

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073798

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** ALPHA BENEFIT CONSULTING, INC.

**Current Principal Place of Business:**

6825 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

6825 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 65-0777208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIORE, SUSAN D  
6825 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FIORE, SUSAN D  
Address: 6825 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

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: SUSAN D FIORE

PRES

03/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date