2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 08:00 AM **Secretary of State** DOCUMENT # P99000010767 1. Entity Name ALPHA TECH INTERNATIONAL, INC. Principal Flace of Business Mailing Address 714 S.W. 20TH TERRACE 714 S.W. 20TH TERRACE FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 No Cha-P CR2E034 (11/05) 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 65-0980911 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHUCK MOGBO, P.A. DO NOT WRITE **2331 N. STATE ROAD 7** SUITE 124 IN THIS SPACE LAUDERHILL, FL 33313 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, typed or printed name of esofstored event and bills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIT FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ODE, PATRICK NAME STREET ADDRESS 714 S.W. 20TH TERRACE U00000468257 03/24/06-80023-024 150.00 CITY-ST-71P FT. LAUDERDALE, FL 33312 WA 6 NAME STREET ADDRESS CTITY-ST-ZEP me NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE me STREET ATTRICESS CITY-SI-ZIP HAME

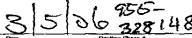
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that it 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 or an attachment with an address, with all other like empowered.

SIGNATURE: 1. 8

SYMEET ADDRESS CITY-ST-ZIP

NAME STITELT ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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