

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027046

Entity Name: ALPHA RESOURCES GROUP, INC.

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

34 LINWOOD RD.
FT.WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

34 LINWOOD RD.
FT.WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3573604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DONALD L
34 LINWOOD RD.
FT.WALTON BEACH, FL 32547 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: D () Delete
Name: MILLER, DONALD L PRES.
Address: 34 LINWOOD RD.
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D () Delete
Name: ASHLEY, LARRY R VP
Address: 587 FAIRWAY CT.
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D () Delete
Name: SCHRIDER, WILLIAM L VP
Address: 244 NAUTICA WAY
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MILLER, MARGARET A SEC/TRE
Address: 34 LINWOOD RD.
City-St-Zip: FT. WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONALD L. MILLER

C

01/03/2006

Electronic Signature of Signing Officer or Director

Date