



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 015 ***150.00

DOCUMENT # P99000057400 1. Entity Name ALPHA COMMODITIES, INC.					
Principal Place of Business 1340 US HWY 1 102 JUPITER, FL 33469			Mailing Address 1340 US HWY 1 102 JUPITER, FL 33469		
2. Principal Place of Business 5380 SE STERLING Circle		3. Mailing Address 5380 SE STERLING Circle			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01302006 Chg-P CR2E034 (11/05)	
City & State Stuart FL		City & State Stuart FL		4. FEI Number 65-0931365	
Zip 34997		Country FLORIDA		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 REILLY, KEVIN 1340 US HWY 1 # 102 JUPITER, FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. This 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 _____ <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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
<input type="checkbox"/> Delete REILLY, KEVIN 5350 SE STERLING CIRCLE STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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 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: <u><i>Kevin Reilly</i></u> President Kevin Reilly 4-4-06 772 781 9875 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					