


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000059376	
1. Entity Name ALFA VENTURES, INC.	

Principal Place of Business 605 PALENCIA CLUB DR SAINT AUGUSTINE, FL 32095	Mailing Address PO BOX 11189 MONTGOMERY, AL 36111-0189
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2214429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS C/O CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, C. LEE 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KETZLER, KEVIN L 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FAIN, J. MARK 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COONER, ANGELA L 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PROCTOR, DAVID R 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBY, JERRY A 2108 E. SOUTH BOULEVARD MONTGOMERY, AL 36111

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05/18/07-80076-018 150.00

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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: 	4/27/07	334-288-3900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>