

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066545

FILED
Apr 04, 2007
Secretary of State

Entity Name: ALPHAMED PHARMACEUTICALS CORPORATION

Current Principal Place of Business:

2875 MCI DRIVE
PINELLAS PARK, FL 33782

New Principal Place of Business:

2401 WEST BAY DRIVE
118
LARGO, FL 33770

Current Mailing Address:

2875 MCI DRIVE
PINELLAS PARK, FL 33782

New Mailing Address:

2401 WEST BAY DRIVE
118
LARGO, FL 33770

FEI Number: 59-3587193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEZDEY, JARETT
2875 MCI DRIVE
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

LEZDEY, JARETT
2401 WEST BAY DRIVE
118
LARGO, FL 33770 US

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: _____

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEZDEY, DARREN
Address: 2875 MCI DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

Title: DV () Delete
Name: LEZDEY, JARETT
Address: 2875 MCI DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

Title: COB () Delete
Name: LEZEY, JOHN
Address: 2875 MCI DR
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP () Delete
Name: FARMER, TODD
Address: 2875 MCI DR
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEZDEY, DARREN
Address: 2401 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

Title: DV (X) Change () Addition
Name: LEZDEY, JARETT
Address: 2401 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

Title: COB (X) Change () Addition
Name: LEZDEY, JOHN
Address: 2401 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

Title: VP (X) Change () Addition
Name: FARMER, TODD
Address: 2401 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

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: JARETT LEZDEY

DV

04/04/2007

Electronic Signature of Signing Officer or Director

Date