

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42553

Entity Name: ALPHA FOLIAGE, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

27600 S W 217 AVE
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

18455 S.W. 264TH ST.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 65-0268608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOTT, CAROLYN
18455 SW 264 STREET
HOMESTEAD, FL 33031 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: DEMOTT, JOHN C.
Address: 18455 SW 264 ST
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: DEMOTT, CAROLYN
Address: 18455 SW 264 ST
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: BUSTER, CHARLES S.
Address: 24050 S.W. 162ND AVE
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: BUSTER, M.A.
Address: 24050 S.W. 162ND AVE
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DEMOTT, JOHN C.
Address: 18455 SW 264 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: STD (X) Change () Addition
Name: DEMOTT, CAROLYN
Address: 18455 SW 264 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: PD (X) Change () Addition
Name: BUSTER, CHARLES S.
Address: 24050 S.W. 162ND AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: VD (X) Change () Addition
Name: BUSTER, M.A.
Address: 24050 S.W. 162ND AVE
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN G. DEMOTT

STD

04/09/2009

Electronic Signature of Signing Officer or Director

Date