## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005451

104 MITCHELLS METHOD

() Delete

YORKTOWN, VA 23693

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: ALPHA-OMEGA CHANGE ENGINEERING, INC.

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 6 MANHATTAN SQ STE 100 6 MANHATTAN SQ STE 100 HAMPTON, VA 236665846 HAMPTON, VA 236665846 US **Current Mailing Address: New Mailing Address:** 6 MANHATTAN SQ STE 100 6 MANHATTAN SQ STE 100 HAMPTON, VA 236665846 HAMPTON, VA 236665846 US FEI Number: 54-1911609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, WILLIAM 2015 KILDARE CIR NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition TERRY, KENNETH E Name: Name: TERRY, KENNETH E 117 PORT ROYAL 117 PORT ROYAL Address: Address: City-St-Zip: WILLIAMSBURG, VA 23188 City-St-Zip: WILLIAMSBURG, VA 23188 US Title: Title: () Delete PRES (X) Change ( ) Addition ORMSBY, STEVEN R Name: Name: ORMSBY, STEVEN R 9039 LADY LN 9039 LADY LN Address: Address: HAYES, VA 23072 HAYES, VA 23072 US City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete COO KLEEMANN, EMIL J RICHARD, SAYERS M Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

18 JAYNE LEE DRIVE

HAMPTON, VA 23664

MOSOCCO, RONALD A

WILLIAMSBURG, VA 23185

102 MAPLE LANE

( ) Change (X) Addition

SIGNATURE: RONALD A. MOSOCCO **CFO** 01/20/2009