2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N03000000585

Entity Name: ALPHA OMEGA INSURANCE ASSOCIATION INC.

Current Principal Place of Business:

401 CENTERPOINTE CIRCLE
1543
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162505
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 54-2133487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGELL, SCOTT
757 ARMADILLO DRIVE
DELTONA, FL 32725 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ENGELL, SCOTT
Address: 757 ARMADILLO DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ENGELL PRES 01/21/2008

Electronic Signature of Signing Officer or Director — Date