

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46738

FILED
Apr 24, 2006
Secretary of State

Entity Name: ALPHA OMEGA MIRACLE HOME, INC.

Current Principal Place of Business:

P.O. BOX 250
HASTINGS, FL 32145 US

New Principal Place of Business:

Current Mailing Address:

3100 US 1 SOUTH
STE #4A
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

3100 US 1 SOUTH
STE 4-A
SAINT AUGUSTINE, FL 32086 US

FEI Number: 65-0318958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STENROOS, RHONDA
5275 DATIL PEPPER RD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

AEPPLI, RICK
180 MARSH ISLAND CIR.
SAINT AUGUSTINE, FL 32095 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: RICK AEPPLI

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARK, STEFANIE
Address: 344 ISLAND GREEN RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P () Delete
Name: STENROOS, RHONDA
Address: 5275 DATIL PEPPER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD () Delete
Name: MATHEWS, ERNIE DR.
Address: 1060 CHEYENNE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V () Delete
Name: AEPPLI, RICK
Address: 180 MARSH ISLAND CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: GREEN, KEN
Address: 113 BARBAROSA ST.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T (X) Delete
Name: LEMONS, CONLEY
Address: 9237 JULY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: STARK, STEFANIE
Address: 205 PINE HURST POINTE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD (X) Change () Addition
Name: CAMPBELL, LINDA DR.
Address: 17 A MATANZAS CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: BUSBEE, SUSANNE
Address: 105 CARCABA RD,
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: THRASHER, CHERYL
Address: 340 CYPRESS RD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: BORDLEY, AMY
Address: 835 WILDWOOD DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

SIGNATURE: RICK AEPPLI

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date