

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90344 017 ****70.00

DOCUMENT # N46738

1. Entity Name

ALPHA OMEGA MIRACLE HOME, INC.



Principal Place of Business

P.O. BOX 250
HASTINGS FL 32145
US

Mailing Address

P.O. BOX 250
HASTINGS FL 32145
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3100 U.S. 1 South

Suite #4A

City & State

City & State

St. Augustine, FL

Zip

Country

Zip

Country

32086

U.S.A.

4. FEI Number 65-0318958

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STENROSE, RHONDA
2692 U.S. 1 SOUTH
SUITE 203
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Stenroos, Rhonda

Street Address (P.O. Box Number is Not Acceptable)

5275 Dattel Pepper Road

City

St. Augustine

FL

Zip Code

32086

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rhonda Stenroos, President

1-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ASPLUND, KEN	1312 PRINCE RD	ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
VD	STENROSE, RHONDA	2692 U.S. 1 SOUTH SUITE 203	SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
TD	RANDALL, JULIE	88 MARSHSIDE DR.	ST. AUGUSTINE FL 32080	<input type="checkbox"/>
SD	O'CONNOR, TERENCE	108 LINDEN RD.	SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
D	GREEN, KEN	114 ANDORA ST.	ST. AUGUSTINE FL 32086	<input type="checkbox"/>
D	MATHEWS, ERNIE DR	2980 COLLINS AVE.	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Rhonda Stenroos	5275 Dattel Pepper Road	St. Augustine, FL 32086	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VO	O'Connor, Terence	32 Talavera Court	St. Augustine, FL 32086	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Mona Drainer	5172 Farm Creek Rd.	St. Augustine, FL 32092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rick Aepli	180 Marshside Circle	St. Augustine, FL 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Regenia Johnson	146 Segovia Rd.	St. Augustine, FL 32086	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Cheryl Thrasher	340 Cypress Rd.	St. Augustine FL 32086	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-24-03

904-794-488

CR2E037 (10/02)