


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 001 ****61.25

DOCUMENT # 761298
 1. Entity Name
ALPHA OMEGA RESEARCH FOUNDATION, INC.




Principal Place of Business: **1048 S. OCEAN BLVD. PALM BCH FL 33480 US**
 Mailing Address: **1048 S. OCEAN BLVD. PALM BCH FL 33480 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

50010050



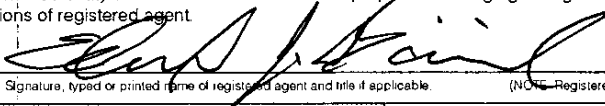
1st MOORE CR2E037 (10/04)

4. FEI Number: **59-2121828**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BACINICH, EDWARD J.
1048 S OCEAN BLVD.
PALM BCH FL 33480

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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:  DATE: **1/26/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	DAYWITT, WILLIAM C JR	
STREET ADDRESS	111 MAYHURST AVE	
CITY - ST - ZIP	COLORADO SPGS CO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACINICH, EDWARD J.	
STREET ADDRESS	1048 S OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEMARCELLUS, JULIETTE	
STREET ADDRESS	357 CRESCENT DR.	
CITY - ST - ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODASSO, LORRAINE	
STREET ADDRESS	201 W INDIES DR	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIANNA MOEBIS	
STREET ADDRESS	SEESTR 9	
CITY - ST - ZIP	8803 RUSCHLIKON, SWITZERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  DATE: **1/26/05** 561-833-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #