

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # B0200000429					
1. Entity Name ALPHA & OMEGA GLOBAL RISK MANAGEMENT, LP					
Principal Place of Business 202 N. CURRY ST., STE. 100 CARSON CITY, NV 89703		Mailing Address 319 CLEMATIS ST., STE. 408A WEST PALM BEACH, FL 33401			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 04-3717853		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINE, J. ANDREW NORVELL & FINE 319 CLEMATIS STREET SUITE 217 WEST PALM BEACH, FL 33401			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		J. ANDREW FINE, Esq		1/10/05	
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.		\$0.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F04000004512		STREET ADDRESS		
NAME	QUIVER HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	202 N. CURRY ST., STE. 100				
CITY-ST-ZIP	CARSON CITY, NV 89703				
DOCUMENT #			STREET ADDRESS	1000000195127	
NAME			CITY-ST-ZIP	01/21/05-80002-017 141.25	
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CITY-ST-ZIP					
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: Quiver Holdings, Inc.		DANIEL MANN, VP		1/6/05 702 617 1265	
				Date Daytime Phone #	

STAPLE CHECK HERE