2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# G35376

Entity Name: ALPHA-OMEGA TITLE SERVICES, INC.

Current Principal Place of Business:

1700 S MAC DILL AVENUE
SUITE 300-A
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

14001 N. DALE MABRY
SUITE A
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-2283941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMAN LAW FIRM
14001 N. DALE MABRY
SUITE C
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WILSON, BYRON GIBBS JR.
Address: 1700 S MAC DILL AVE., STE. 300-A
City-St-Zip: TAMPA, FL 33629

Title: CFO ( ) Delete
Name: WILSON, LORI D
Address: 1700 S MAC DILL AVENUE, STE. 300-A
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: LORI WILSON CFO 04/18/2008

Electronic Signature of Signing Officer or Director — Date