2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# L02000005189

Entity Name: ALPHA-OMEGA FOODS, LLC

Current Principal Place of Business:

5696 PINKNEY AVENUE
SARASOTA, FL 34233

New Principal Place of Business:

5406 FAIR OAKS ST
BRADENTON, FL 34203 US

Current Mailing Address:

5696 PINKNEY AVENUE
SARASOTA, FL 34233

New Mailing Address:

5406 FAIR OAKS ST
BRADENTON, FL 34203

FEI Number: 01-0638392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGE, DAVID G
5696 PINKNEY AVENUE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

PAGE, DAVID G
5406 FAIR OAKS ST
BRADENTON, FL 34203 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: DAVID PAGE 03/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PAGE, DAVID G
Address: 5696 PINKNEY AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete
Name: WILDMAN, LINDA FAYE
Address: 5696 PINKNEY AVENUE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PAGE, DAVID G
Address: 5406 FAIR OAKS ST
City-St-Zip: BRADENTON, FL 34203

Title: MGRM (X) Change ( ) Addition
Name: WILDMAN, LINDA FAYE
Address: 5406 FAIR OAKS ST
City-St-Zip: BRADENTON, FL 34203

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID PAGE PRES 03/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date