2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000020720

1. Entity Name

ALPHA AND OMEGA MARKETING AND DISTRIBUTION COMPANY, LLC



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

801 ANCHOR RODE DRIVE

SUITE 300

NAPLES, FL 34103 US

Mailing Address

801 ANCHOR RODE DRIVE

SUITE 300

SIGNATURE AND TYPED ON POINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAPLES, FL 34103 US



02222007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4.	FEI Number		Applied For
	87-0698762		Not Applicable
5.	Certificate of Status Desired		Additional duired

6. Name and Address of Current Registered Agent

CHANDLER, DEBORAH 801 ANCHOR RODE DRIVE SUITE 300 NAPLES, FL 34103

SIGNATURE:

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	named entity submits this statement for the purpose of changing its register ons of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, property printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating): DATE					
	ling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANDLER, DEBORAH 801 ANCHOR RODE DRIVE NAPLES, FL 34103	U00000710218 - 04/25/07-80034-014 50.0			
NAME SIREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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.					