


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90154 033 ****61.25

DOCUMENT # N00000003465	
1. Entity Name ALPHA & OMEGA FARMS MINISTRIES, INC.	

Principal Place of Business 8921 MUSTANG ISLAND CIRCLE NAPLES, FL 34113	Mailing Address 8921 MUSTANG ISLAND CIRCLE NAPLES, FL 34113
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2. Principal Place of Business - No P.O. Box # 10716 E. US HWY 92	3. Mailing Address P.O. BOX 7635
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State NAPLES FL
Zip 33610	Zip 34101
Country USA	Country USA

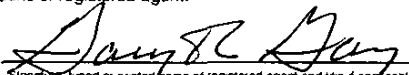


04302008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1011399	Applied For <input type="checkbox"/> Not Applicable
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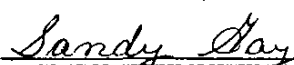
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAY, GARY R 8921 MUSTANG ISLAND CIRCLE NAPLES, FL 34113	7. Name and Address of New Registered Agent Name GARY R. GAY Street Address (P.O. Box Number is Not Acceptable) 10716 E. US HWY 92 City TAMPA FL Zip Code 33610
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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 4-30-08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAY, GARY R 8921 MUSTANG ISLAND CIR NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10716 E. US HWY 92 TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAY, SANDY 8921 MUSTANG ISLAND CIR NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10716 E. US HWY 92 TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, THOMAS 445 ROSEMEADE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  SANDY GAY	DATE 4-30-08 DAYTIME PHONE # 239-293-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	