

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N98000004989

1. Entity Name
ALPHA & OMEGA MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
**4242 ANACONDA DRICE
 NEW PORT RICHEY, FL 34655**

Mailing Address
**4242 ANACONDA DRICE
 NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



02112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3531156

Applic Not Ap
 or ab

5. Certificate of Status Desired **\$8.75** Addition..
 Fee Required

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
 27 E ORANGE STREET
 TARPON SPRINGS, FL 34689**

DO NOT WRITE IN THIS SPACE

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 understand the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000650027
 03/07/07-80076-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEROS, STEPHEN 4242 ANANCONDA DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPEROS, ANNA 4242 ANACONDA DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYRIACOU, ANDREW PO BOX 15412, N/A PANORAMA 7506 CAPE TOWN, SOUTH AFRICA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Part 10, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/24/2007** Daytime Phone _____