

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000127785

Entity Name: ALPHA OMEGA MANAGEMENT, INC.

FILED
Sep 16, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 15062
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

PO BOX 15062
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 14-1859400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF & COMPANY, P.A.
801 S BROAD ST
BROOKSVILLE, FL 34601 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIJBAG, BRIAN S
Address: PO BOX 15062
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP (X) Delete
Name: EDWARDS, GARY W
Address: P.O. BOX 278
City-St-Zip: PICKENS, SC 29671

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOTI, ARYA W
Address: PO BOX 15062
City-St-Zip: BROOKSVILLE, FL 34604

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARYA MOTI

P

09/16/2005

Electronic Signature of Signing Officer or Director

Date