2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111117

FILED Apr 30, 2005 Secretary of State

Entity Name: ALPHA & OMEGA QUALITY CLEANING SERVICES INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 2333 JACKSONVILLE, FL 32203 **Current Mailing Address: New Mailing Address:** P.O. BOX 2333 JACKSONVILLE, FL 32203 FEI Number: 57-1191004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WILLIAMS, ROWLAND V JONES, FLOYD B 1125-1 CESERY BLVD 4743 KERNAN MILL LN. E. JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32224 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: FLOYD B JONES 04/30/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP () Delete Title: () Change () Addition JONES, TARRA F Name: Name: P.O. BOX 2333 Address: Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, TARRA F Name: P.O. BOX 2333 Address: Address: JACKSONVILLE, FL 32203 City-St-Zip: City-St-Zip: () Delete Title: Title: COOV () Change () Addition JONES, FLOYD B Name: Name: P.O. BOX 2333 Address: Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, FLOYD B Name: Name: Address: P.O. BOX 2333 Address: City-St-Zip: JACKSONVILLE, FL 32203 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: FLOYD B. JONES PRES 04/30/2005