


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00-AM
Secretary of State

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| DOCUMENT # P04000114580 |  |
| 1. Entity Name ALPHA AND OMEGA REAL ESTATE CORPORATION | |

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| Principal Place of Business 555 W. GRANADA BLVD. SUITE E-8 ORMOND BEACH, FL 32174 | Mailing Address P.O. BOX 1977 ORMOND BEACH, FL 32175 |
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05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|----------------------------------|--|
| 4. FEI Number 20-1534879 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent THRASHER, JACKIE L 555 W. GRANADA BLVD. SUITE E-8 ORMOND BEACH, FL 32174 |
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**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P THRASHER, JACKIE L 555 W. GRANADA BLVD., STE E-8 ORMOND BEACH, FL 32174 |
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05/20/06-80042-008 158.75

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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 607, 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: Jackie L. Thrasher, President 5-10-2006 (386) 795-2074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACKIE L. THRASHER, PRESIDENT Date _____ Daytime Phone # _____