

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016928

Entity Name: ALPHA OMEGA HEALING INC.

FILED  
Sep 14, 2006  
Secretary of State

## Current Principal Place of Business:

1906 NORTHWEST 137TH TERRACE  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 260143  
PEMBROKE PINES, FL 33026

## New Mailing Address:

PO BOX 260397  
PEMBROKE PINES, FL 33026

FEI Number: 83-0419941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

APLHA OMEGA HEALING INC  
1906 N.W 137 TERRACE  
PEMBROKE PINES, FL 33028 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: JANINE PRINGLE

09/14/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: PRINGLE, JANINE  
Address: 1906 NORTHWEST 137TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVT ( ) Delete  
Name: PRINGLE, JANINE  
Address: 1906 NORTHWEST 137TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: PRINGLE, JANINE M  
Address: 1906 NORTHWEST 137TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: DVP ( ) Change (X) Addition  
Name: PRINGLE, PETER A  
Address: 1906 NORTHWEST 137 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JANINE PRINGLE

DPS

09/14/2006

Electronic Signature of Signing Officer or Director

Date