

JUN-20-2000(TUE) 16:11

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1


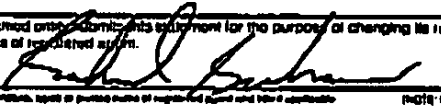

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-16-2006 90030 003 ***150.00

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02072006 Chg-P CR2E634 (11/05)

DOCUMENT # P05000066042 1. Entity Name ALPHA & OMEGA I, INC.			
Principal Place of Business 634 MARINER'S WAY BOYNTON BEACH, FL 33435		Mailing Address 634 MARINER'S WAY BOYNTON BEACH, FL 33435	
2. Principal Place of Business 2005 16th Avenue State, Apt. #, etc.		3. Mailing Address 2005 16th Avenue State, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Vero Beach, Florida	
Zip 32960		Country Indian River	
4. FEI Number 20-2818171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOODARD, BRENDA 634 MARINER'S WAY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Rachael S. Buchanan Street Address (P.O. Box Number is Not Acceptable) 976 25th Avenue City Vero Beach FL Zip Code 32960	
8. The above named principal agent is authorized 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  DATE 2/09/06 <small>(Signature, name or printed name of registered agent and title if applicable) (Date: Registered Agent signature required when submitting)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHANAN, RACHAEL S 634 MARINER'S WAY BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/DVP/DT/DS Rachael S. Buchanan 976 25th Avenue Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WOODARD, BRENDA 634 MARINER'S WAY BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUCHANAN, ROBERT 634 MARINER'S WAY BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATERS, PAMELA 634 MARINER'S WAY BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 registered agent employed 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 to this address, with all other the employees.			
SIGNATURE:  DATE 2/09/06 <small>(Signature and typed or printed name of person executing on direction)</small>		56-436-4112 <small>(Duplicate Filing)</small>	



ATTACHMENT

66004651

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

ALPHA & OMEGA I, INC.
2005 16TH AVE
VERO BEACH, FL 32960

Subject: ALPHA & OMEGA I, INC.

Reference Number: P05000066042

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

done
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION

JUN-20-2000(TUE) 16:12

ATTACHMENT
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~~#~~POS 000066042
ALPHA & OMEGA I, INC.
2005 16TH AVENUE
VERO BEACH, FLORIDA 32960

February 9, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2006 for Profit Corporation Annual Report

Dear Sir/Madam:

Enclosed please find a completed 2006 Annual Report for Alpha & Omega I, Inc., together with our check payable to the Department of State in the amount of \$150.00, representing the filing fee.

Kindly forward the acknowledgment letter to our office once the report has been filed with the State.

Thank you for your attention to this matter.

Sincerely,

Alpha & Omega I, Inc.

Enclosures