


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000104714
1. Entity Name
ALPHA-OMEGA THERAPY AND CONSULTING SERVICES, INC.



Principal Place of Business: 9005 WOODRUN RD, PENSACOLA, FL 32514
Mailing Address: 9005 WOODRUN RD, PENSACOLA, FL 32514



01132007 No Chg-P CR2E034 (11/05)

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4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INKEL, JR, MAURICE J MR
9005 WOODRUN RD
PENSACOLA, FL 32514

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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: *Maurice J Inkel* DATE: 1/20/07

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	INKEL, BONNIE
STREET ADDRESS	9005 WOODRUN RD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	INKEL, MAURICE J JR
STREET ADDRESS	9005 WOODRUN RD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Bonnie Inkel* DATE: 1/20/07 DAYTIME PHONE #: 850-791-6636