2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P06000125563

Entity Name: ALPHA OMEGA TECHNOLOGIES, INC.

Current Principal Place of Business:

11177 MARYSVILL STREET
SPRING HILL, FL 34609

New Principal Place of Business:

11177 MARYSVILLE STREET
SPRING HILL, FL 34609

Current Mailing Address:

11177 MARYSVILL STREET
SPRING HILL, FL 34609

New Mailing Address:

11177 MARYSVILLE STREET
SPRING HILL, FL 34609

FEI Number: 20-5709994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, JERALD M CPA
4719 CAPSTAR DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

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: DP ( ) Delete
Name: BAER, SUZANNE J
Address: 11177 MARYSVILL STREET
City-St-Zip: SPRING HILL, FL 34609

Title: DV ( ) Delete
Name: BAER, STEWART
Address: 11177 MARYSVILL STREET
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BAER, SUZANNE J
Address: 11177 MARYSVILLE STREET
City-St-Zip: SPRING HILL, FL 34609

Title: DV (X) Change ( ) Addition
Name: BAER, STEWART
Address: 11177 MARYSVILLE STREET
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE J. BAER DP 05/01/2008

Electronic Signature of Signing Officer or Director Date