


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005916 1. Entity Name THE OMNI MORTGAGE CO., INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 PM 4: 18

12/29/04--01020--006 **96.25

Principal Place of Business 215 MAIN STREET SUITE 3 SALEM, NH 03079	Mailing Address 215 MAIN STREET SUITE 3 SALEM, NH 03079
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01202005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0498702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent ARVIDSON, H. JOSEPH 4939 CLUBVIEW CT. EAST BRADENTON, FL 34203	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P <input type="checkbox"/> Delete NAME: LOFFREDO, MICHAEL STREET ADDRESS: 16 RIVERSEDGE DR. CITY-ST-ZIP: SALEM, NH 03079	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300046658963 02/15/05--01059--004 **53.75
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> Delete 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 exemption stated in Section 119.07(3)(i), 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: Michael Loffredo Date: 1-31-05 Daytime Phone: (603) 893-6616