## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000037950

Entity Name: OMS GROUP, INC

City-St-Zip:

LAKELAND, FL 33813

FILED Feb 15, 2006 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
	SSACHUSET D, FL 33801	TS AVENUE		
Current Mailing Address:			New Mailing Address:	
	SSACHUSET D, FL 33801	TS AVENUE		
FEI Number:	: 68-0497260	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	FF SSACHUSET D, FL 33801	TS AVENUE US		
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent			ent	Date
Election Car	npaign Financir	ng Trust Fund Contribution ( ).		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D ( MILES, JEFF 1345 EASTON LAKELAND, FI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( SALE, GREG 214 EUNICE R LAKELAND, FI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	CLEGHORN, E	) Delete 30B VT LAKE COURT	Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: BOB CLEGHORN D 02/15/2006