

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057291

Entity Name: OMNI LEISURE, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

501 E. OAK STREET
SUITE F
KISSIMMEE, FL 34744 US

New Principal Place of Business:

1488 SOPHIE WAY
KISSIMMEE, FL 34744 US

Current Mailing Address:

1488 SOPHIE WAY
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-3208964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, ALEXANDRA
501 E OAK ST.
SUITE F
KISSIMMEE, FL 34744 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, ALEXANDRA
Address: 1488 SOPHIE WAY
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: IREDALE, G D
Address: 1087 HIDDEN HARBOUR RD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IREDALE, G D
Address: 1087 HIDDEN HARBOR RD
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE D.IREDALE

MR

04/15/2004

Electronic Signature of Signing Officer or Director

Date