

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015455

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: OMNII PRODUCTS OF PALM BEACH, INC.

**Current Principal Place of Business:**

1500 N. FLORIDA MANGO  
SUITE 1  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1500 N. FLORIDA MANGO  
SUITE 1  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 65-0783426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANLON, M. TIMOTHY  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33480 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: PD ( ) Delete  
Name: JACKSON, CHARLES E  
Address: 1500 N. FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD ( ) Delete  
Name: THOMAS, KEVIN  
Address: 1500 N. FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete  
Name: WISEMAN, CURTIS E  
Address: 1500 NORTH FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V ( ) Delete  
Name: KERR, HOWARD  
Address: 1500 NORTH FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD ( ) Delete  
Name: JACKSON, JENNIFER  
Address: 1500 NORTH FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V ( ) Delete  
Name: CROSBY, LEILANI  
Address: 1500 NORTH FLORIDA MANGO, SUITE 1  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: CURTIS E WISEMAN

SD

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date