2008 FOR PROFIT CORPORATION

Feb 04, 2008 8:00 am Secretary of State **ANNUAL REPORT** 02-04-2008 90063 037 ***158.75 **DOCUMENT #353998** 1. Entity Name OMNIVEST RESEARCH CORPORATION 40018000 Principal Place of Business Mailing Address 201 CENTER RD. 201 CENTER RD. SUITE TWO SUITE TWO VENICE, FL 34292-3528 VENICE, FL 34292-3528 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01132008 Chg-P Applied For City & State City & State 4. FEI Number 59-1280601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALWELL, ROLAND G JR. Street Address (P.O. Box Number is Not Acceptable) 201 CENTER RD STE TWO VENICE, FL 34292-3528 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE **Delete** TITLE CALDWELL, ROLAND G. NAME NAME STREET ADDRESS 4910 LEMON BAY DR STREET ADDRESS CITY-ST-ZIP VENICE, FL CITY-ST-ZIF **PSTD** ☐ Delete ☐ Change ■ Addition CALDWELL, ROLAND G., JR. NAME NAME 3320 HARDEE DR STREET ADORESS STREET ADDRESS VENICE, FL CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is rule and ficure 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 trusteet appowered of 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR P SIGNA INTED NAME OF SIGNING OFFICER OR DIRECTOR

Roland G. Caldwell, Jr., President 01/17/08 Date

941-493-3600

Daytime Phone #

FILED