2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Jan 28, 2008 08:00 AM Secretary of State **DOCUMENT # 524627** OMEGA GARAGE DOORS, INC. Principal Place of Business Mailing Address 328 SEABOARD AVE 328 SEABOARD AVE VENICE, FL 34292 8 VENICE, FL 34282 85 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1710593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VASILCHEK, MARK 328 S SEABOARD AVE VENICE, FL 34285 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE (8 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VASILCHEK, MARK NAME U000000802341 328 S SEABOARD AVE STREET ADDRESS 02/01/08-80055-01**9**~150?00 CITY-ST-ZIP VENICE, FL 34285 NAME CANNON, TOM STREET ADDRESS 328 S SEABOARD AVE VENICE, FL 34285 CITY-ST-ZIP TITLE BUONPANE, RICHARD NAME 328 S. SEABOARD AVE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP VENICE, FL 34285 THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filling 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mal Vasilable Mark Vasilable Pr-5 1-25-08 941-484-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date

Date