

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688694

Entity Name: OMBOY HOLDINGS, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

2033 MAIN ST
STE 303
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

130 CARLTON ST. SUITE 1507
TORONTO ONTARIO M4A4K3
CANADA, XX

New Mailing Address:

130 CARLTON STREEE
SUITE 1507
TORONTO ONTARIO, CN M4A 4K3 XX

FEI Number: 59-2113999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABA, RICHARD D., ESQ.
2033 MAIN ST
STE 303
SARASOTA, FL 34237 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: HILB, FRANCIS, SR.,
Address: 1390 MAIN ST #824S
City-St-Zip: SARASOTA, FL

Title: VD () Delete
Name: HILB, ROSE,
Address: 1390 MAIN ST #824S
City-St-Zip: SARASOTA, FL

Title: VD () Delete
Name: HILB, STEPHEN,
Address: 1390 MAIN ST #824S
City-St-Zip: SARASOTA, FL

Title: SD () Delete
Name: HILB, ELSA,
Address: 1390 MAIN ST #824S
City-St-Zip: SARASOTA, FL

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:

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: FRANCIS HILB

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date