2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 All Secretary of State **DOCUMENT #857075** 1. Entity Name OMNI INTERNATIONAL PRODUCTS, INC. Principal Place of Business Mailing Address OMNI INTERNATIONAL INC. 435 12TH ST SW **VERNON, AL 35592** P.O. BOX 1409 VERNON, AL 35592-1409 No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 63-0803489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYES STREET TALLAHASSEE, FL 32301 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. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSDC** TITLE NAME RILEY, JAMES L PO BOX 1409 N/A 12TH ST S.W. STREET ADDRESS CITY-ST-ZIP VERNON, AL 355921409 U00000707176 TITLE 04/24/07-80065-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

one with this filing tides not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information perfort is true and accurrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the control of the contr 12. I hereby certify that the information indicated on this report or suppler of the corporation or the receive changed, or on an attachment

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED