

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005813

FILED
May 01, 2007
Secretary of State

Entity Name: OMEGA REQUIESCENCE, INC.

Current Principal Place of Business:

3833 DARSTON STREET
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

3833 DARSTON STREET
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 34-1869587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIXON, MARILYN A
3829 DARSTON STREET
PALM HARBOR, FL 34685 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: NIXON, MARILYN A
Address: 3829 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

Title: DST () Delete
Name: INMAN, ROBERT J
Address: 4428 WORTHINGTON CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: MARILYN A. NIXON

CP

05/01/2007

Electronic Signature of Signing Officer or Director

Date