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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Omni ALLIANCE Group, Inc. (Name of corporation - must include suffix) | | |
| (Name of corporation - must include suffix) | | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," and check are submitted to regis transact business in Florida. | horization to Transact Business in Florida," ter the above referenced foreign corporation to | |
| Please return all correspondence concerning this matter to the Mendy Cassese | • | |
| (Name of Per | sam) | |
| Omni Alliance Group Inc | P | |
| 195 Wekiva Springs Rd - Suite 340 (Address) | | |
| Longwood, Florid A 3 (City/State and | 2779 | |
| (City/State and | Zip code) | |
| For further information concerning this matter, please call: 407 -671 -6664 Wendy CASSESE at 321 377 - 3919 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount: | | |
| | 78.75 Filing Fee & Sertified Copy Certified Copy Certified Copy Certified Copy | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 9, 2004

WENDY CASSESE OMNI ALLIANCE GROUP, INC. 195 WEKIVA SPRINGS RD, STE 340 LONGWOOD, FL 32779

SUBJECT: OMNI ALLIANCE GROUP, INC.

Ref. Number: W04000026242

We have received your document for OMNI ALLIANCE GROUP, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 904A00044099

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.") (State or country under the law of which it is incorporated)

(FEI number, if applicable) DON QUALIFICATION

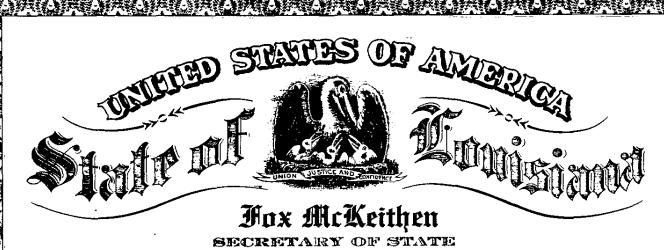
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) UCS & Marketing office for parent (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) t W. Spor 5 GAlAhad. Drive Selberry , Florida 32707 (City) (Zip code) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS | |
|---|--|
| Chairman: | The same of the last the same of the same |
| Address: | |
| | The second secon |
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| Vice Chairman: | |
| Address: | The state of the s |
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| Director: | The same of the sa |
| Address: | <u> </u> |
| | 8-A 7-A |
| Director: | |
| Address: | |
| | |
| | W 175 A 2 C A 1 C |
| B. OFFICERS | |
| President: JOHL W. SPOR | g |
| Address: 1145 GALANAD Drive | e |
| Cosselberry F1. 3 | 32707 |
| Vice President: | |
| | -4.0 C |
| Address: | |
| 11/2 / 1 00000 | ASP 22 = |
| | 3/2 ω F |
| Address: 1832 Shelby TERR | Deltona, F1. 32725 = 0 |
| Treasurer: | ORF. W |
| Address: | Pr. W |
| | |
| NOTE: If necessary, you may attach an addendum to the | application listing additional officers and/or directors. |
| 13. SLOTAN: Say - Presi | dent. |
| (Signature of Director or Officer list | ed in number 12 of the application) |
| 14. Scott W. SPOR - Preside | ont |
| (Typed or printed name and capac | ity of person signing application) |



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

OMNI ALLIANCE GROUP, INC.

Domiciled at DEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 05, 1978,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, July 16, 2004

ARA 32229740D

Secretary of State

