2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# F05000003520

Entity Name: OMEGA ADMINISTRATORS, INC.

Current Principal Place of Business:

1513 COUNTRY CLUB
SHERWOOD, AR 72120

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15965
LITTLE ROCK, AR 72231

New Mailing Address:

FEI Number: 04-3740469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO ( ) Delete
Name: CHOATE, ED
Address: 1513 COUNTRY CLUB
City-St-Zip: SHERWOOD, AR 72120

Title: VPCF ( ) Delete
Name: ROGERS, PHYLLIS
Address: 1513 COUNTRY CLUB
City-St-Zip: SHERWOOD, AR 72120

Title: VPO ( ) Delete
Name: HARBERT, LYNN
Address: 1513 COUNTRY CLUB
City-St-Zip: SHERWOOD, AR 72120

Title: VPDD ( ) Delete
Name: HURD, HERMAN
Address: 1513 COUNTRY CLUB
City-St-Zip: SHERWOOD, AR 72120

Title: VPIT ( ) Delete
Name: MOORE, ALLEN
Address: 1513 COUNTRY CLUB
City-St-Zip: SHERWOOD, AR 72120

Title: C ( ) Delete
Name: OWNBEY, RONALD
Address: 407 EAST 4TH STREET
City-St-Zip: RUSSELLVILLE, AR 72801

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:

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 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: PHYLLIS ROGERS VPCF 03/20/2006

Electronic Signature of Signing Officer or Director Date