

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004873

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: OMNIOSS INC.

## Current Principal Place of Business:

8362 PINES BLVD SUITE 295  
PEMBROKE PIENS, FL 33024

## New Principal Place of Business:

8362 PINES BLVD SUITE 295  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

8362 PINES BLVD SUITE 295  
PEMBROKE PIENS, FL 33024

## New Mailing Address:

8362 PINES BLVD SUITE 295  
PEMBROKE PINES, FL 33024

FEI Number: 81-0577291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOCKE, STEVEN L  
8362 PINES BLVD SUITE 295  
PEMBROKE PIENS, FL 33024 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: D ( ) Delete  
Name: LATES, MICHAEL  
Address: 15032 HUGH MCAULEY DR  
City-St-Zip: HUNTERSVILLE, NC 28078

Title: D ( ) Delete  
Name: HOCKE, STEVEN L  
Address: 7511 NW 1ST COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P ( ) Delete  
Name: BLAKE, JAMES  
Address: 43 MAIN STREET  
City-St-Zip: SCHENEVUS, NY 12155

Title: S ( ) Delete  
Name: CLAASEN, MARK  
Address: PO BOX 12565  
City-St-Zip: SAN DIEGO, CA 92112

## 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 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: STEVEN LEE HOCKE

CFO

04/20/2008

Electronic Signature of Signing Officer or Director

Date