## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F61220

City-St-Zip:

WINSTON SALEM, NC 27106

FILED Mar 27, 2007 Secretary of State

Entity Name: OMEGA DIVERSIFIED INVESTMENT CONSORTIUM, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5207 WASHINGTON BLVD TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 5207 WASHINGTON BLVD 18221 NW 16TH ST PEMBROKE PINES, FL 33029 TAMPA, FL 33619 US FEI Number: 65-0001399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHERRY, CHARLES W. II CAMPBELL, WILLIAM DR 5207 WASHINGTON BLVD 18221 NW 16TH ST TAMPA, FL 33619 PEMBROKE PINES, FL 33029 US 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: WILLIAM CAMPBELL-CWH 03/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HICKS, CHARLES W., Name: Name: 26253 CASTLETON DR. Address: Address: City-St-Zip: SOUTHFIELD, MI 48076 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: BROWN, GERALD Name: BROWN, GERALD 6525 W. OLYMPIC BLVD 6525 W. OLYMPIC BLVD Address: Address: LOS ANGELES, CA 90048 LOS ANGELES, CA 90048 City-St-Zip: City-St-Zip: Title: Title: T/D ( ) Delete () Change () Addition DAVIS, DUANE L Name: Name: 5017 MAYBERRY LA Address: Address:

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.

City-St-Zip:

SIGNATURE: CHARLES W. HICKS S 03/27/2007