2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# F61220

Entity Name: OMEGA DIVERSIFIED INVESTMENT CONSORTIUM, INC.

Current Principal Place of Business:

5207 WASHINGTON BLVD
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

18221 NW 16TH ST
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0001399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, WILLIAM DR
18221 NW 16TH ST
PEMBROKE PINES, FL 33029 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:	S/D	( ) Delete
Name:	HICKS, CHARLES W.,	
Address:	26253 CASTLETON DR.	
City-St-Zip:	SOUTHFIELD, MI 48076	
Title:	P	( ) Delete
Name:	BROWN, GERALD	
Address:	6525 W. OLYMPIC BLVD	
City-St-Zip:	LOS ANGELES, CA 90048	
Title:	T/D	( ) Delete
Name:	DAVIS, DUANE L	
Address:	5017 MAYBERRY LA	
City-St-Zip:	WINSTON SALEM, NC 27106	
Title:	RA	( ) Delete
Name:	CAMPBELL, WILLIAM R	
Address:	18221 NW 16TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33029	

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: WILLIAM R CAMPBELL MD RA 03/01/2009

Electronic Signature of Signing Officer or Director — Date