


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006567 1. Entity Name OMNI ENGINEERING OF OHIO, INC.	
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Principal Place of Business 1200 POGY PLACE, P.O. BOX 767 FERNANDINA BEACH FL 32034-3180	Mailing Address 433 W. 6TH AVE COLUMBUS OH 43201
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 31-1306572	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD THOMPSON, THOMAS G	
NAME	5101 N. A1A	
STREET ADDRESS	FT PIERCE FL	
CITY - ST - ZIP		
TITLE	V EVANS, ROBERT D	<input type="checkbox"/> Delete
NAME	500 E. MAYNARD	
STREET ADDRESS	COLUMBUS FL	
CITY - ST - ZIP		
TITLE	S LOVELAND, CURTIS A ESQ	<input type="checkbox"/> Delete
NAME	41 S. HIGH STREET	
STREET ADDRESS	COLUMBUS OH	
CITY - ST - ZIP		
TITLE	T BURLEY, DEBRA L	<input type="checkbox"/> Delete
NAME	644 THISTLE AVE	
STREET ADDRESS	GAHANNA OH	
CITY - ST - ZIP		
TITLE	V ROBOL, RICHARD T	<input type="checkbox"/> Delete
NAME	433 W 6TH AVE	
STREET ADDRESS	COLUMBUS FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000362006		
NAME	05/05/05-80098-018 150.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Burley 4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #