

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000001297  
 1. Entity Name  
 OMNICOMM SYSTEMS, INC.



Principal Place of Business      Mailing Address  
 2555 DAVIE ROAD                      2555 DAVIE ROAD  
 SUITE 110-B                              SUITE 110-B  
 FORT LAUDERDALE, FL 33317          FORT LAUDERDALE, FL 33317



04282005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
 11-3349762                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LINARES, RONALD  
 2555 DAVIE ROAD  
 SUITE 110-B  
 FORT LAUDERDALE, FL 33317

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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 signature required when re-stating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CDS<br>SMITH, RANDALL G<br>2555 DAVIE RD., STE 110-B<br>FORT LAUDERDALE, FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>VAN KESTEREN, GUUS<br>2555 DAVIE RD., STE 110-B<br>FORT LAUDERDALE, FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WIT, CEES<br>2555 DAVIE RD., STE 110-B<br>FORT LAUDERDALE, FL 33317          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>LINARES, RONALD T<br>2555 DAVIE RD., STE 110-B<br>FORT LAUDERDALE, FL 33317  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

U00000352387  
 05/03/05-80025-009 150.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronald T. Linares      4/28/05      954-473-1254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #