


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G57780</b> 1. Entity Name OMNI SQUARE, INC.	
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Principal Place of Business 2640 S MCCALL RD ENGLEWOOD, FL 34224	Mailing Address 2640 S MCCALL RD ENGLEWOOD, FL 34224
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2523550	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BLUMBERG WILLIAM J 2640 S MCCALL RD ENGLEWOOD, FL 34224
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLUMBERG, MARILYN 160 N BROADWAY, #101 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLUMBERG, WILLIAM J. 160 N BROADWAY, #101 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLUMBERG, BARBARA 160 N BROADWAY, #101 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BLUMBERG, RYAN C 9462 FRUITLAND ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000004435 01/15/04-80011-012 300.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **1/13/04** **941-474-4674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #