


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H07501 1. Entity Name OMEGA CONSULTING, INC.	
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Principal Place of Business 2781 W. STATE ROAD 434 LONGWOOD, FL 32779 US	Mailing Address P.O. BOX 2809 204 ORLANDO, FL 32714 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

05 SEP 26 PM 2:38 -05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 27 2005



08142005 REIN-P CR2E098 (6/04)	4. FEI Number 59-2458399
5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TIMOTHY J. MANOR 215 N. EOLA DRIVE ORLANDO, FL 33131	7. Name and Address of New Registered Agent Name Fred C Edwards Jr Street Address (P.O. Box Number is Not Acceptable) 800 Mystic Oak Place City APOPKA FL Zip Code 32712
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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: *[Signature]* DATE: 9/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, FRED CECIL JR.	NAME	FRED EDWARDS
STREET ADDRESS	748 BANANA LAKE RD	STREET ADDRESS	800 MYSTIC OAK PL
CITY-ST-ZIP	LAKE MARY, FL	CITY-ST-ZIP	APOPKA, FL 32712
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100060060911
STREET ADDRESS		STREET ADDRESS	09/29/05--01014--004 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *[Signature]* **Fred C Edwards Jr** Date: 8/25/05 Daytime Phone #: 4074029956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR