

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72757

Entity Name: OMNI PRESS, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

3577 POWERLINE RD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

C/O MAUREEN HEALEY KENNON, PA
6100 GLADES RD, #210
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2565447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNON, MAUREEN T. HEALEY
1120 SW 19TH AVE
BOCA RATON, FL 33486 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: P () Delete
Name: KENNON, WILLIAM C.,
Address: 1120 SW 19 AVE
City-St-Zip: BOCA RATON, FL 33486

Title: V () Delete
Name: KENNON, MAUREEN
Address: 1120 SW 19 AVE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 C. KENNON

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date