2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # J94287 1. Entity Name OMEGA INDUSTRIAL PRODUCTS, INC. Principal Place of Business Mailing Address 2907 CHELSEAWOODS DR. 2907 CHELSEAWOODS DR. VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 59-2853345 Not Applicat Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMBOS, JACK 2907 CHELSEAWOODS DRIVE Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 City 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 Signature, typical or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when romstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THE Change T Addition NAME GOMBOS, JACK NAME STREET ADDRESS 2907 CHELSEAWOODS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 004 150.00 TITLE Delete Change TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7271 5 ☐ Delete THE Change ☐ ····· NAME MAME STREET ADDRESS STRUET ADDRESS CITY-ST-71P CHTY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □Adr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE ☐ Change □ Mi NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete Change □ Adm TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

Joes Souto

if changed, or on an attachment with an address, with all other like empowered.

TACK GOMBOS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direct 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 1

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1-72-00

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