

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025044

FILED
Jul 13, 2005
Secretary of State

Entity Name: OMNI PROFESSIONAL SOLUTIONS, LLC

Current Principal Place of Business:

2800 WINGSONG LANE
ST. CLOUD, FL 34772 US

New Principal Place of Business:

4417 13TH STREET, # 179
SAINT CLOUD, FL 34769 US

Current Mailing Address:

P.O. BOX 422504
KISSIMMEE, FL 34742 US

New Mailing Address:

4417 13TH STREET, # 179
SAINT CLOUD, FL 34769 US

FEI Number: 42-1552784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, DALE L
2800 WINGSONG LANE
ST. CLOUD, FL 34772 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOODY, DALE L
Address: 2800 WINGSONG LN
City-St-Zip: SAINT CLOUD, FL 34772

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HARDING, MICHAEL D
Address: 246 CRYSTAL PARK RD
City-St-Zip: MANITOU SPRINGS, CO 808292841

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DALE L MOODY

MGRM

07/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date