2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000067463

Entity Name: OMNIS MODUS CORPUS LLC

Current Principal Place of Business:

3073 GRANDIFLORA DRIVE
GREENACRES, FL 33467

New Principal Place of Business:

2401 S.W. 31ST. AVENUE
PEMBROKE PARK, FL 33467

Current Mailing Address:

3073 GRANDIFLORA DRIVE
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 05-0624977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: PASSARD, DEAN
Address: 3073 GRANDIFLORA DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: MGR ( ) Delete
Name: BARNETT-PASSARD, RONA
Address: 3073 GRANDIFLORA DRIVE
City-St-Zip: GREENACRES, FL 33467

Title: S ( ) Delete
Name: BARNETT-PASSARD, RONA
Address: 3073 GRANDIFLORA DRIVE
City-St-Zip: GREENACRES, FL 33467

ADDITIONS/CHANGES:

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

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 for the exemption stated in Chapter 119, 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: DEAN PASSARD MGR 04/21/2006

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