## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # L18780  1. Entity Name OMEGA SYSTEMS, INC.				04-26-2004 91024 002 ***150.00				
Principal Place of Business Mailing Address								
10500 UNIVERSITY CTR, DR,		10500 UNIVERSITY CTR. DR.		18 3 Harrist Sto				
STE 160		STE 160						
TAMPA, FL 3	3612	TAMPA, FL 33612 U	S	4 (FE)(FR) 8 TO 85 TO (E)(1)	<b>2001 (Bitt) Bib</b> it Bibit Bibit Bibit		11	
2. Principal Place of Business 3. Mailing Address								
		<u> </u>			rwas sutin Mest Other Bruit Broth	. BIBII 31311 8(8))	8.8)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg	-P CR2E03	34 (10/03)		
City & State		City & State		4. FEI Number		T Apr	olied For	
City & State		Oily & State		65-0153335			Applicable	
Zip	Country	Zip	Country	5. Certificate of Status		8.75 Addi		
	6 Name and Address of Current B	egisterart Agent	·	7. Name and Address		ee Required	l e	
6. Name and Address of Current Registered Agent Name				11 INCHO GIRG AGGIGSD	How may be a second A	23		
ONEILL, THOMAS			Chanal Addison	Street Address (P.O. Box Number is Not Acceptable)				
10500 UNIVERSITY CTR. DR STE 160			Street Addres	Street Address (P.U. Box Number is Not Acceptable)				
TAMPA, FL 33612								
:			City		FL	Zip Code	,	
8. The above	named entity submits this statement for	the nurpose of changing its r	egistered office or regis	tered agent, or both, in the	·	amiliar with. /	and accept	
	Signature, typed or printed name of registered agent and the second sec	9, Election Campaig	Registered Agent signature requirements from the signature req		DATE			
10.	OFFICERS AND D		11.	ADDITIONS (CHANGE	S TO OFFICERS AND	DIRECTORS	IN 11	
TITLE	CD OFFICERS AND D	Delete	TITLE	ADDITIONS/CHANGE	3 TO OFFICENS AND	☐ Change	Addition	
NAME	KRAYER, ANTHONY C.	L.J Delete	NAME			Onlange		
STREET ADDRESS	STREET ADDRESS 340 W TROPICAL WAY		STREET ADDRESS				.22	
CITY-ST-ZIP-	PLANTATION, FL		CITY-ST-ZIP				.61.	
TITLE	D	Delete	TITLE			☐ Change	. Addition	
NAME '	FAULCONER, LEE	"400	NAME		· · · · •	·		
STREET ADDRESS CITY-ST-ZIP	10500 UNIVERSITY CENTER DR TAMPA, FL 33612	#160	STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change	☑ Addition	
NAME	KUSENS, BRUCE	☐ Delete	NAME			L] Clange	7.	
STREET ADDRESS	16422 N.E. 34 AVE.		STREET ADDRESS				ĺ	
CITY-ST-ZIP	N MIAMI BEACH, FL		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME OTREET ADDRESS	WIENER, DAVID	- 400	NAME OTREET ADORESS					
STREET ADDRESS CITY-ST-ZIP	10500 UNIVERSITY CTR. DR STE TAMPA, FL 33612	STREET ADDRESS CITY-ST-ZIP		•				
TITLE -	VT	Delete		h ware Th	Δ-<	Change	☐ Addition	
NAME	O'NEILL, THOMAS		10	WEICH THOM		<i>y</i> • •	37	
STREET ADDRESS	15932 ELLSWORTH DRIVE		STREET ADDRESS	TAMPA, FL	resity or	- 02 =	160	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	IAMPA, LL	- 38012	. <u>-</u>		
TITLE	PS .	<b>X</b> Delete	TITLE P	JOHN TUD	121616	☐ Change	Addition	
NAME STREET ADDRESS	RICCARDI, RALPH J JR   10500 UNIVERSITY CTR. DR #16	50	NAME STREET ADDRESS	10500 UNIL	JERSITY C	TR Di	2 4160	
CITY-ST-ZIP	TAMPA, FL 33612	•		TAMOR FL				
12. Lhereby	certify that the information supplied with	this filing does not qualify for		<del></del>		ify that the in	formation	

a referoy cerusy that the information supplied with this tiling 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.

THOMAS