


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 018 ***150.00

DOCUMENT # L18780	
1. Entity Name OMEGA SYSTEMS, INC.	

Principal Place of Business 800 CARILLON PARKWAY SUITE 250 ST. PETERSBURG, FL 33716	Mailing Address 800 CARILLON PARKWAY SUITE 250 ST. PETERSBURG, FL 33716
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01302007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0153335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNHAM, JOSEPH R 800 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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7. Name and Address of New Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee
State FL
Zip Code 32301

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 Lori Dunlap, Authorized representative ¹⁶ February 2007
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent Signature required when re-appointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHWEITZER, SHEILA A <input type="checkbox"/> Delete 800 CARILLON PARKWAY, STE 250 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DUNHAM, JOSEPH R II <input checked="" type="checkbox"/> Delete 800 CARILLON PARKWAY, STE 250 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO WOHLFORD, TOM <input type="checkbox"/> Delete 800 CARILLON PARKWAY, STE 250 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOA DAYMONT, JUDY <input checked="" type="checkbox"/> Delete 800 CARILLON PARKWAY, STE 250 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTO Eric Van Portfliet <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Carillon Parkway, Suite 250 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO L. Allen Plunk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Carillon Parkway, Suite 250 St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: L. Allen Plunk ²⁻¹⁶⁻⁰⁷
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #