


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L32516			
1. Entity Name OHMI, INC.			
Principal Place of Business C/O MALL PROPERTIES, INC. 654 MADISON AVENUE, 11TH FLOOR NEW YORK, NY 10021 US		Mailing Address C/O MALL PROPERTIES, INC. 654 MADISON AVENUE, 11TH FLOOR NEW YORK, NY 10021 US	
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0145164	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DOUGHERTY, JOHN J 560 SOUTH COLLIER BLVD. MARCO ISLAND, FL 33937		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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
		000000595300 01/23/07-80034-004 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OLSHAN, MORTON L 654 MADISON AVE. 11TH FLOOR NEW YORK, NY 10021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DOUGHERTY, JOHN J 560 SOUTH COLLIER BLVD. MARCO ISLAND, FL 33937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCHESTER, JON H 675 THIRD AVENUE SUITE 1200 NEW YORK, NY 10017		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1/5/07 (212) 935-1330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	