

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000357

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: OMNI YOGA

**Current Principal Place of Business:**

P.O. BOX 1803  
JENSEN BEACH, FL 349831803

**New Principal Place of Business:**

1168 W. NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

P.O. BOX 1803  
JENSEN BEACH, FL 349831803

**New Mailing Address:**

1168 W. NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TANNER, MADELINE C  
2433 S.E. WATERCREST ST.  
PORT ST. LUCIE, FL 34984    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

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: TANNER, MADELINE C  
Address: 2433 SE WATERCREST ST.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D                      ( ) Delete  
Name: JOHNSON, DERON  
Address: 3991 S.W. GREENWOOD WAY  
City-St-Zip: PALM CITY, FL 349904639

Title: D                      ( ) Delete  
Name: PREMSHAKTI, MARY STOUT  
Address: 1095 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D                      (X) Change ( ) Addition  
Name: DON, CABRAL  
Address: 1168 W. NEW HAVEN AVE.  
City-St-Zip: WEST MELBOURNE, FL 32904

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JET AVERSA

MGR

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date