2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010044

Current Principal Place of Business:

Entity Name: OMEGA ASSOCIATES, INC.

FILED Apr 02, 2007 Secretary of State

706 RADCLIFFE AVE. LYNN HAVEN, FL 32444

Current Mailing Address:

US

706 RADCLIFFE AVE. LYNN HAVEN, FL 32444 US

FEI Number: 37-1498412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARDY, THOMAS C 706 RADCLIFFE AVE. LYNN HAVEN, FL 32444 US

OFFICERS AND DIRECTORS:

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

Electronic eignature er registeret

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

New Mailing Address:

Title: P () Delete Title: () Change () Addition

 Name:
 HARDY, THOMAS C
 Name:

 Address:
 706 RADCLIFFE AVE.
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 HARDY, JANET M
 Name:

 Address:
 706 RADCLIFFE AVE.
 Address:

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 GARGUS, DIANE E
 Name:

 Address:
 25801 KENSINGTON WAY
 Address:

 City-St-Zip:
 DAPHNE, AL 36526 US
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 GLASGOW, GASTON
 Name:

 Address:
 2320 LISENBY AVE
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HODGES, MARIAN P
 Name:
 PARROTT, MARIAN P

 Address:
 3019 DOUGLAS RD #8
 Address:
 1940 SHERMAN AVE, LOT 412

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:
 PANAMA CITY, FL 32405 US

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 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: THOMAS C. HARDY P 04/02/2007