

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# N05000012547

Entity Name: OMEGA ZONE, INC. OF LONE STAR

Current Principal Place of Business:

8040 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

PO BOX 543
SANFORD, FL 32772

New Mailing Address:

FEI Number: 20-3906802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, LILLIAN
2921 SOUTH ORLANDO DRIVE, SUITE 220
SANFORD, FL 32273 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: P () Delete
Name: SMITH, SAMUEL D
Address: PO BOX 543
City-St-Zip: SANFORD, FL 32772 US

Title: VP () Delete
Name: SMITH, STEVEN
Address: PO BOX 543
City-St-Zip: SANFORD, FL 32772 US

Title: S () Delete
Name: HARRISON, LILLIAN
Address: PO BOX 543
City-St-Zip: SANFORD, FL 32772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SAMUEL D SMITH

P

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date