2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000009509

Entity Name: GAMMA OMICRON EDUCATIONAL SERVICES INC.

Current Principal Place of Business:

6307 PASADENA POINT BLVD
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

6307 PASADENA POINT BLVD
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 20-5626909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, LARRY J SR.
6307 PASADENA POINT BLVD
GULFPORT, FL 33707 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, JOHN	
Address:	13820 CHERRY BROOK LANE	
City-St-Zip:	TAMPA, FL 33618	
Title:	T	( ) Delete
Name:	MCCLOUD, LEROY A	
Address:	2844 SKIMMER POINT DRIVE	
City-St-Zip:	GULFPORT, FL 33707	
Title:	S	( ) Delete
Name:	NEWSOME, LARRY J	
Address:	6307 PASADENA POINT BLVD	
City-St-Zip:	GULFPORT, FL 33707	
Title:	D	( ) Delete
Name:	MCRAE, PAUL E	
Address:	1320 CORAL WAY, SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	COTMAN, HENRY E	
Address:	205 ARANDA ST NE	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	BELL, GERARD A	
Address:	8937 MAGNOLIA CHASE CIRCLE	
City-St-Zip:	TAMPA, FL 33647	

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:	
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 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: LARRY J NEWSOME S 04/30/2007

Electronic Signature of Signing Officer or Director — Date