

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2007  
Secretary of State**

DOCUMENT# N06000010391

Entity Name: OMEGA ZONE OF EUSTIS, INC.

**Current Principal Place of Business:**

2828 S BAY STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

2828 S BAY STREET  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 20-5656952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARRISON, LILLIAN  
2828 S BAY STREET  
EUSTIS, FL 32726    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  
Address: 2828 S BAY STREET  
City-St-Zip: EUSTIS, FL 32726

Title: VP ( ) Delete  
Name: SMITH, STEVEN  
Address: 2828 S BAY STREET  
City-St-Zip: EUSTIS, FL 32726

Title: ED ( ) Delete  
Name: HARRISON, LILLIAN  
Address: 2828 S BAY STREET  
City-St-Zip: EUSTIS, FL 32726

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

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

Title: VP (X) Change ( ) Addition  
Name: MARTINEZ, ISAAC  
Address: 2828 S BAY STREET  
City-St-Zip: EUSTIS, FL 32726

Title: S (X) Change ( ) Addition  
Name: HARRISON, LILLIAN  
Address: 2828 S BAY STREET  
City-St-Zip: EUSTIS, FL 32726

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: LILLIAN HARRISON

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03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date