

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 11, 2006 8:00 am
Secretary of State**

05-11-2006 90238 023 ***150.00

DOCUMENT # P00000009779		
1. Entity Name OMNI SERVICES, INC.		

Principal Place of Business 2020 WEST BEARSS AVENUE TAMPA, FL 33618	Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618
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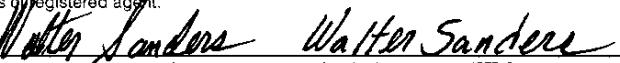
2. Principal Place of Business 13014 N. DALE MABRY HWY Suite, Apt. #, etc. SUITE 124	3. Mailing Address Suite, Apt. #, etc. City & State TAMPA, FL
Zip 33618	Country USA
Zip	Country

05092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0989036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CULLIGAN, TAMMIE 2020 WEST BEARSS AVENUE TAMPA, FL 33618	Name WALTER S. SANDERS
Street Address (P.O. Box Number is Not Acceptable) 16528 N. DALE MABRY HWY	City TAMPA
	Zip Code FL 33618

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating.)
DATE <u>5-9-2006</u>

FILE NOW!!!, FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIGAN, TAMMIE 2020 WEST BEARSS AVENUE TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIGAN, TAMMIE 13014 N. DALE MABRY HWY - SUITE 124 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: 	5-9-2006	813-961-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

40090628

May 9, 2006

State of Florida
Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Omni Services, Inc.

Doc. No. P00000009779

FEI # 650989036

Dear Sir or Madam:

Enclosed please find the 2006 for Profit Corporation Annual Report and a check in the amount of \$150.00 for the filing fee for the corporation referenced above. After reviewing our files recently, it was discovered that the original corporation renewal advice mailed from your office was never received at the corporation address. Therefore, the website form was completed and provided herein. Due to circumstances beyond our control, please waive any and all penalties which may apply. Your kind consideration is appreciated.

If you require any further information regarding this specific matter, please feel free to contact this office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw