2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90285 036 ***150.00

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DOCUMENT # P00000028819

1. Entity Name
OMAKA TECHNOLOGIES, INC.

11019064

Principal Place of Business	Mailing Address
12852 GETTYSBURG CR.. STE. 2A ORLANDO FL 32837	12852 GETTYSBURG CR.. STE. 2A ORLANDO FL 32837

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1920 STABLE DR	1920 STABLE DR
Suite, Apt. #, etc.: STE 202	Suite, Apt. #, etc.: STE 202
City & State: ORLANDO, FL	City & State: ORLANDO FL
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OTWOMA, ADRIENNE M 12852 GETTYSBURG CR., STE. 2A ORLANDO FL 32837	Name: ADRIENNE M. OTWOMA Street Address (P.O. Box Number is Not Acceptable): 1920 STABLE DR STE 202 City: ORLANDO FL Zip Code: 32837

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: Amotwoma ADRIENNE MUTHONI OTWOMA 04/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OTWOMA, ADRIENNE M 12852 GETTYSBURG CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OTWOMA, ADRIENNE M 1920 STABLE DR STE 202 ORLANDO, FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M OTWOMA, LYNETTE 12852 GETTYSBURG CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M OTWOMA, LYNETTE 1920 STABLE DR STE 202 ORLANDO, FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA, LYNETTE 12852 GETTYSBURG CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA-LYNETTE 1920 STABLE DR STE 202 ORLANDO FL 32837	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA, YVONNE 12852 GETTYSBURG CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA, YVONNE 1920 STABLE DR STE 202 ORLANDO FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA, KEVIN 12852 GETTYSBURG CIR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTWOMA, KEVIN 1920 STABLE DR STE 202 ORLANDO FL 32837	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Amotwoma REQUIRED 04/10/03 (407) 251-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #