2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P00000045946

Entity Name: OMNICLUSTER TECHNOLOGIES, INC.

Current Principal Place of Business:

7100 W. CAMINO REAL
STE 300
BOCA RATON, FL 33433

New Principal Place of Business:

102 NE 2ND STREET
#389
BOCA RATON, FL 33432

Current Mailing Address:

7100 W. CAMINO REAL
STE 300
BOCA RATON, FL 33433

New Mailing Address:

102 NE 2ND STREET
#389
BOCA RATON, FL 33432

FEI Number: 65-1011630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES INC.
500 E. BROWARD BLVD.
STE 1100
FT. LAUDERDALE, FL 33394 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLECK, CHRIS
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

Title: S/V (X) Delete
Name: FORMAN, LARRY
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: SCHWARTZ, BRIAN
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

Title: PD (X) Delete
Name: WHARTON, STERLING
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: CHEE, MAX
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: MARK, TEMPLETON
Address: 7100 W. CAMINO REAL STE 300
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: KEN, HONEYCUTT
Address: 102 NE 2ND STREET #389
City-St-Zip: BOCA RATON, FL 33432

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY FORMAN VP 04/23/2005

Electronic Signature of Signing Officer or Director — Date