2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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1. Entity Nam	ne	# P0000					E	ILE	<u>`</u> ,		
OMEGA GROUP ENTERPRISES, INC.							0 /			月 4: 46 1	
Principal Plac	e of Business			Mailing Address			1Xx	טק טבנ	, 22 [H 4. ↔P	
1890 HOGAN DRIVE				1890 HOGAN DRIVE				CECECT	4 1 1 1 1 1		
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MEEDOOMME, LE 3233						,		SECRET TALLAHA	422FF*E	LORIDA	
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2. Principal P	Place of Busine	ess		3. Mailing Address							
321 Trivismo Dr				321Jru	43	Dr.		88111 68111 68111 48 311 6	// 48 /8/ 8 4	MIN TIMBLE BLAIL LAND	IRBL II LEBI
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4				
Soile, Apr. #, etc.				Conc., Apr. N., etc.			12092004	Chg-P	CR2E0	034 (10/03)	
City & State				City & State			4. FEI Numb	er		I Ap	plied For
Spriguite beach FL			SATELLITE BEACH, FU			59-364	•		<u> </u>	t Applicable	
Zip		Country	1	Zip and	Coun	try				\$8.75 Add	itional
929S)			32937			5. Certificate	of Status Desired		Fee Required	
	6. Name	and Address o	of Current R	egistered Agent			7. Name and	Address of New	Registered	Agent	
				•		Name / [les soul				
NICHOLS,				=		/\'\'\\\\	scP.O. Box Number is Not Acceptable)				
	AN DRIVE			•	Street Address	rial ba	er is Not Acceptat	ie)		F	
WELBOOF	MELBOURNE, FL 32935										
						0:-0	, ,				
						SnIL	LITE 1	FAH	FL	. 729	マフ
8. The above	named entity	submits this st	tatement for	the purpose of changin	g its registere	ed office or registe	ered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
	tions of registe			,	•	•				_	· I
	Sinch	sement.	7 0 7	Mallon			÷	12	/za /2	2004	
SIGNATURE.	Signature, typed o	or printed name of re	pistered agent an	id title if applicable.	(NOTE: Registere	d Agent signature require	ed when roinstating)		DATE		<u> </u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
9. Election Campaign Financing \$5.00 May Be											
. Am	ended AR	is \$61.25			Contribution.		ded to Fees	ļ		-	
10.		OFFIC	CERS AND D		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE	PD Delete									☐ Change	☐ Addition
NAME	NICHOLS,				NAM	- 1					.
STREET ADDRESS						ET ADDRESS					1
CITY-ST-ZIP	SATELLITE BEACH, FL 32935					-ST-ZIP					
TITLE	VD Delete									Change	☐ Addition
NAME	NORRIS, F				NAM	_					
STREET ADDRESS	321 TRINII					ET ADDRESS					
CITY-ST-ZIP	SATELLITE BEACH, FL 32937					-ST-ZIP					
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STREET ADDRESS				•		ET ADDRESS	12/2	0004 E 3/040103	30014	**61.	25 - 1
CITY-ST-ZIP					CO., CITY	-ST-ZIP					
TITLE				☐ Delete	TITL	Ē.		•		Change	☐ Addition
NAME-	-				NAM	· · ·					
STREET ADDRESS				- ***		ET ADDRESS					1
CITY-ST-ZIP	<u> </u>			·		-ST-ZiP					
12. I hereby	certify that the	information of	polied with t	this filing does not quali	fy for the exe	mption stated in S	Section 119.07(3)	(i), Florida Statutes	i, I further ce	rtify that the in	nformation
of the co	rporation or th	e receiver of tr	ustee empov	wered to execute this	port as requi	red by Chapter 60	7, Florida Statut	es; and that my na	me appears	in Block 10 or	Block 11 if
12. I hereby certify that the information supplied with this filling does not qualifying the exemption stated in Section 119.07(3)(), Florida Statutes. Ffurther certify that the information indicated on this report or supplemental report is true and accurate and that my singularities shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this sport 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: SIGNATURE AND TYPED OR PRINTED VALUE OF SIGNATURE AND TYPED OR PRINTED OR PRI											
SIGNAL	ONE: _	SIGNATURE AN	D TYPED OR PR	RINTED NAME OF SIGNING OF	FICER OR DIREC	TOR	<u> </u>	Date	w 7_ ·	Daytime Phone #	