

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000062004 1. Entity Name OMI SERVICES, INC.				May 15, 2006 08:00 AM Secretary of State		
Principal Place of Business 6530 E HWY. 22 PANAMA CITY, FL 32404		Mailing Address 6530 E HWY. 22 PANAMA CITY, FL 32404				
DO NOT WRITE IN THIS SPACE				01062006 No Chg-P CR2E034 (11/05)		
				4. FEI Number 59-3732775		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLAIR, JOEY 219 N. MARY ELLA AVE. PANAMA CITY, FL 32404				DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000469602 03/22/06 80002 012 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, JEREMY 219 N MARY ELLA AVE. PANAMA CITY, FL 32404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIR, JOEY 219 N MARY ELLA AVE. PANAMA CITY, FL 32404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAIR, AMANDA 219 N MARY ELLA AVE. PANAMA CITY, FL 32404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 03/08/06 Daytime Phone # _____				