

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002910

FILED
Apr 05, 2006
Secretary of State

Entity Name: OMNITECH COMMUNICATIONS & PROTECTION INC.

Current Principal Place of Business:

4301 32ND ST. WEST, STE. C-3
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4301 32ND ST. WEST, STE. C-3
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 04-3587518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, MARK E
4301 32ND ST. WEST, STE. C-3
BRADENTON, FL 34205 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: HAAS, MARK E
Address: 4301 32ND ST. WEST, STE. C-3
City-St-Zip: BRADENTON, FL 34205

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: GELLER, THOMAS
Address: 4301 32ND ST WEST, STE C-3
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARK HAAS

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date