

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037950

Entity Name: OMS GROUP, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

202 N. MASSACHUSETTS AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

26 LAKE WIRE DRIVE
LAKELAND, FL 33815

Current Mailing Address:

202 N. MASSACHUSETTS AVENUE
LAKELAND, FL 33801

New Mailing Address:

PO BOX 2
LAKELAND, FL 33802

FEI Number: 68-0497260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, JEFF
202 N. MASSACHUSETTS AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

MILES, JEFF
26 LAKE WIRE DRIVE
LAKELAND, FL 33815 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILES, JEFF
Address: 1345 EASTON DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: SALE, GREG
Address: 214 EUNICE ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: CLEGHORN, BOB
Address: 233 CRESCENT LAKE COURT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BOB CLEGHORN

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date