

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P02000094739</b> 1. Entity Name <b>OM INSTITUTE OF EDUCATION, INC.</b></div><div style="text-align: center;"></div></div>		<div style="display: flex; justify-content: space-between;"><div><b>Mar 05, 2008 08:</b> <b>Secretary of St</b></div><div></div></div>																																									
<div style="display: flex; justify-content: space-between;"><div><b>Principal Place of Business</b> 9311 CYPRESS BEND DR TAMPA, FL 33647</div><div><b>Mailing Address</b> 9311 CYPRESS BEND DR TAMPA, FL 33647</div></div>		<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">01222008    No Chg-P    CR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>13-4209985</b></div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>																																									
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<div style="border: 1px solid black; padding: 5px;"><b>6. Name and Address of Current Registered Agent</b>  JADEJA, DAKSHA 9311 CYPRESS BEND DR TAMPA, FL 33647</div>																																											
<b>8.</b> 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.																																											
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____</div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																											
<div style="border: 1px solid black; padding: 2px;"><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b></div>		<div style="display: flex; justify-content: space-between;"><div>9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/></div><div><b>\$5.00</b> May Be Added to Fees</div></div>																																									
<div style="border: 1px solid black; padding: 2px;"><b>10. OFFICERS AND DIRECTORS</b></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:15%;"><b>TITLE</b></td><td>PT</td></tr><tr><td><b>NAME</b></td><td>JADEJA, DAKSHA</td></tr><tr><td><b>STREET ADDRESS</b></td><td>9311 CYPRESS BEND DR</td></tr><tr><td><b>CITY- ST- ZIP</b></td><td>TAMPA, FL 33647</td></tr><tr><td><b>TITLE</b></td><td>T</td></tr><tr><td><b>NAME</b></td><td>JADEJA, JAY</td></tr><tr><td><b>STREET ADDRESS</b></td><td>9311 CYPRESS BEND DRIVE</td></tr><tr><td><b>CITY- ST- ZIP</b></td><td>TAMPA, FL 33647</td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY- ST- ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY- ST- ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY- ST- ZIP</b></td><td></td></tr></table>		<b>TITLE</b>	PT	<b>NAME</b>	JADEJA, DAKSHA	<b>STREET ADDRESS</b>	9311 CYPRESS BEND DR	<b>CITY- ST- ZIP</b>	TAMPA, FL 33647	<b>TITLE</b>	T	<b>NAME</b>	JADEJA, JAY	<b>STREET ADDRESS</b>	9311 CYPRESS BEND DRIVE	<b>CITY- ST- ZIP</b>	TAMPA, FL 33647	<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY- ST- ZIP</b>		<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY- ST- ZIP</b>		<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY- ST- ZIP</b>		<div style="margin-top: 10px;">000000848062 03/20/08-80003-002 150.00</div> <div style="margin-top: 50px;"><h2>DO NOT WRITE IN THIS SPACE</h2></div>	
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<b>12.</b> 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.																																											
<div style="border: 1px solid black; padding: 5px;"><b>SIGNATURE:</b> <i>Dafinder</i></div>		<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><i>Treasurer</i></div><div>913-973-4212</div></div>																																									