

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094739

FILED
Apr 12, 2009
Secretary of State

Entity Name: OM INSTITUTE OF EDUCATION, INC.

Current Principal Place of Business:

9311 CYPRESS BEND DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9311 CYPRESS BEND DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 13-4209985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JADEJA, DAKSHA
9311 CYPRESS BEND DR
TAMPA, FL 33647 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: PT () Delete
Name: JADEJA, DAKSHA
Address: 9311 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: JADETA, JAY
Address: 9311 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: JADEJA, DAKSHA
Address: 9311 CYPRESS BEND DR
City-St-Zip: TAMPA, FL 33647

Title: MR (X) Change () Addition
Name: JADEJA, JAY
Address: 9311 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

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: JJADEJA

TREA

04/12/2009

Electronic Signature of Signing Officer or Director

Date