

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113093

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: OMEGA FINANCIAL SOLUTIONS, INC.

## Current Principal Place of Business:

1124 FOXFORREST CIRCLE  
APOPKA, FL 32712

## New Principal Place of Business:

2454 LAKE CORA RD  
APOPKA, FL 32712

## Current Mailing Address:

1124 FOXFORREST CIR.  
APOPKA, FL 32712

## New Mailing Address:

2454 LAKE CORA RD.  
APOPKA, FL 32712

FEI Number: 52-2385844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHN, JOANNE C  
1124 FOXFORREST CIR.  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

JOHN, HEDLEY H  
1124 FOXFORREST CIR.  
APOPKA, FL 32712 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: HEDLEY H. JOHN

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHN, JOANNE C  
Address: 1124 FOXFORREST CIR.  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JOHN, HEDLEY H  
Address: 1124 FOXFORREST CIR.  
City-St-Zip: APOPKA, FL 32712

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: HEDLEY H. JOHN

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date