2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P02000134509

Entity Name: OMNISCENT CORP

Current Principal Place of Business:

2875 NE 191ST STREET
500
AVENTURA, FL 33180

New Principal Place of Business:

2875 NE 191ST STREET
501
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191ST STREET
500
AVENTURA, FL 33180

New Mailing Address:

2875 NE 191ST STREET
501
AVENTURA, FL 33180

FEI Number: 51-0438035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUCIEN, LALLOUZ
2875 NE 191ST STREET
500
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LUCIEN, LALLOUZ
2875 NE 191ST STREET
501
AVENTURA, FL 33180 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: LUCIEN LALLOUZ 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, ( ) Delete
Name: SHARON, LALLOUZ
Address: 2875 NE 191ST STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, (X) Change ( ) Addition
Name: SHARON, LALLOUZ
Address: 2875 NE 191ST STREET 501
City-St-Zip: AVENTURA, FL 33180

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: LUCIEN LALLOUZ DIR 04/27/2006
Electronic Signature of Signing Officer or Director Date