

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073493

FILED
Apr 03, 2005
Secretary of State

Entity Name: OMEZONE INTERNATIONAL CORP.

Current Principal Place of Business:

127 DEVILLE DR
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

127 DEVILLE DR
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 55-0838096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, LESLIE
127 DEVILLE DR
MARY ESTHER, FL 32569 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: P () Delete
Name: LERNER, LESLIE M
Address: 127 DEVILLE DR
City-St-Zip: MARY ESTHER, FL 32569

Title: ST () Delete
Name: PLUNKETT, DONNA
Address: 87 HOMESTEAD ST
City-St-Zip: NICEVILLE, FL 32578

Title: EV () Delete
Name: O'CONNOR, PAUL J
Address: 18 HOWELL AVENUE
City-St-Zip: FORDS, NJ 088631438

Title: V () Delete
Name: LOSA, RAFFELLA
Address: 18 JEROME PLACE
City-St-Zip: N BRUNSWICK, NJ 08902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: PLUNKETT, DONNA L
Address: 127 DEVILLE DR
City-St-Zip: MARY ESTHER, FL 32569

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 for the exemption stated in Section 119.07(3)(i), 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: LESLIE M. LERNER

P

04/03/2005

Electronic Signature of Signing Officer or Director

Date