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Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90029 016 ***150 00

DOCUMENT # P03000073493				Secretary of State 02-09-2006 90029 016 ***150.00	
1. Entity Name OMEZONE INTERNATIONAL CORP.					
Principal Place of Business 127 DEVILLE DR MARY ESTHER, FL 32569		Mailing Address 127 DEVILLE DR MARY ESTHER, FL 32569			
2. Principal Place of Business 21418 N. 87th DR		3. Mailing Address 21418 N. 87th DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEORIA AZ		City & State PEORIA AZ		4. FEI Number 55-0838096	
Zip 85382		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LERNER, LESLIE 127 DEVILLE DR MARY ESTHER, FL 32569				7. Name and Address of New Registered Agent Name DIANE MYER Street Address (P.O. Box Number is Not Acceptable) 449 RIDGE ROAD City SANTA ROSA BEACH FL Zip Code 32459	
8. 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. SIGNATURE DIANE MYER 83 Diane Myer 2-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LERNER, LESLIE M 127 DEVILLE DR MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLUNKETT, DONNA L 127 DEVILLE DR MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV O'CONNOR, PAUL J 18 HOWELL AVENUE FORDS, NJ 088631438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOSA, RAFFELLA 18 JEROME PLACE N BRUNSWICK, NJ 08902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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.					
SIGNATURE: LESLIE LERNER JAN 30-2006 623-476-8941 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					