## 2007 FOR PROFIT CORPORATION

## Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000115513 04-26-2007 90182 025 \*\*\*150.00 1 Entity Name OM INTERNATIONAL TRADING CO. Principal Place of Business Mailing Address 40082140 103 MC DONALD ROAD 103 MC DONALD ROAD PLANT CITY, FL 33567 PLANT CITY, FL 33567 CR2E034 (11/05) 04012007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0312858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVPRASAD, DEVSWARUPDAS DO NOT WRITE 103 MCDONALD ROAD PLANT CITY, FL 33567 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DEVSWARUPDAS, DEVPRASAD NAME 103 MCDONALD ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #