

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 039 ***150.00

DOCUMENT # P03000144796 1. Entity Name OMEGA INTERIORS AND DESIGN, INC.			
Principal Place of Business 4861 S. ORANGE AVE SUITE B ORLANDO, FL 32806		Mailing Address 4861 S. ORANGE AVE SUITE B ORLANDO, FL 32806	
2. Principal Place of Business - No P.O. Box # 5357 HANSEL AVE		3. Mailing Address 5357 HANSEL AVE	
Suite, Apt. #, etc. B-22		Suite, Apt. #, etc. B-22	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32809		Zip 32809	
Country USA		Country USA	
4. FEI Number 16-1699275		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LELLO, CLAIRE M 4861 S. ORANGE AVE. SUITE B ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name KAREN A. MUSZYNSKI Street Address (P.O. Box Number is Not Acceptable) 5357 HANSEL AVE, B-22 City ORLANDO State FL Zip Code 32809	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPST MUSZYNSKI, KAREN A 4861 SOUTH ORANGE AVENUE, SUITE B ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T, S, O, CM 5357 HANSEL AVE, B-22 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROOKS, JOANNE F 4861 SOUTH ORANGE AVENUE, SUITE B ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 not empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/07 <small>Original Filing #</small>	