

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90016 049 ***150.00

DOCUMENT # P04000039446 1. Entity Name OMNIPRESENT, INC.					
Principal Place of Business 4532 W. KENNEDY BLVD #303 TAMPA, FL 33609			Mailing Address 4532 W. KENNEDY BLVD #303 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 140 Island Way			
Suite/Apt. #, etc. #221		City & State Clearwater		02132008 Chg-P CR2E034 (12/06)	
City & State Clearwater		4. FEI Number 41-2129347		Applied For <input type="checkbox"/> Not Applicable	
Zip 33767		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, JOSH 4311 BAYSIDE VILLAGE DR #102 TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Meehan, Thomas P Street Address (P.O. Box Number is Not Acceptable) 140 Island Way #221 City Clearwater FL Zip Code 33767		
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 <u><i>Thomas P Meehan</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MEEHAN, THOMAS P 4532 W. KENNEDY BLVD., #303 TAMPA, FL 33609 <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	S PATRICK, FAGAN 4532 W. KENNEDY BLVD., #303 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 it's 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: <u><i>Thomas P Meehan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					