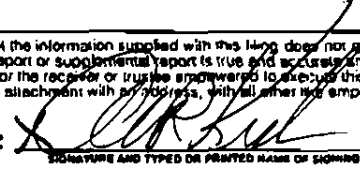


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 A
Secretary of State

DOCUMENT # P04000126001		
1. Entity Name OMNI AIR, INC.		
Principal Place of Business 42 OAK TREE DR. NEW SMYRNA BCH, FL 32169		Mailing Address 42 OAK TREE DR. NEW SMYRNA BCH, FL 32169
		
07112006 No Chg-P CR2E034 (11/05)		
4. FEI Number 43-1738343		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KISLER, AL 42 OAK TREE DR. NEW SMYRNA BCH, FL 32169		
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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISLER, AL 42 OAK TREE DR. NEW SMYRNA BCH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KISLER, JILL 42 OAK TREE DR. NEW SMYRNA BCH, FL 32169	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 my address, with all other the empowered. SIGNATURE:  306-408 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/6/06 9070 Date Daytime Phone		

000000574812
08/21/06-80004-008 150.00

**DO NOT WRITE
IN THIS SPACE**