2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164285

Entity Name: OMP CONSULTING GROUP INC

FILED Apr 29, 2009 Secretary of State

12209 MYSTIC AVE 9150 DRESDEN LN

NEW PORT RICHEY, FL 33654 PORT RICHEY, FL 33664

Current Mailing Address: New Mailing Address:

12209 MYSTIC AVE. 9150 DRESDEN LN.

NEW PORT RICHEY, FL 33654 PORT RICHEY, FL 33664

FEI Number: 20-1972006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLMO, ZAIRA OLMO, ZAIRA 12209 MYSTIC AVE 9150 DRESDEN LN

NEW PORT RICHEY, FL 33654 US PORT RICHEY, FL 33664 US

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.

SIGNATURE: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PESCE, OSCAR
 Name:
 PESCE, OSCAR

 Address:
 12209 MYSTIC AVE
 Address:
 9150 DRESDEN LN

 City-St-Zip:
 NEW PORT RICHEY, FL 33654
 City-St-Zip:
 PORT RICHEY, FL 33664

Title: V () Delete Title: V (X) Change () Addition

 Name:
 PESCE, MIRIAM
 Name:
 PESCE, MIRIAM

 Address:
 12209 MYSTIC. AVE
 Address:
 9150 DRESDEN LN

 City-St-Zip:
 NEW PORT RICHEY, FL 33654
 City-St-Zip:
 PORT RICHEY, FL 33664

Title: D () Delete Title: D (X) Change () Addition

 Name:
 OLMO, ZAIRA
 Name:
 OLMO, ZAIRA

 Address:
 12209 MYSTIC AVE
 Address:
 9150 DRESDEN LN

 City-St-Zip:
 NEW PORT RICHEY, FL 33654
 City-St-Zip:
 PORT RICHEY, FL 33664

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR PESCE PRES 04/29/2009