


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90002 028 \*\*\*158.75

<b>DOCUMENT # P04000169098</b> 1. Entity Name <b>O'MAHONEY HOLDINGS U.S., INC</b>					
Principal Place of Business <b>590 SOUTH OAK AVENUE BARTOW, FL 33830 US</b>			Mailing Address <b>590 SOUTH OAK AVENUE BARTOW, FL 33830 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>974-73-1345</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CENTRAL FLORIDA VISA GROUP, INC. 2800 WINTER LAKE ROAD LAKELAND, FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>O'MAHONEY, NEIL S NAPIERS, 72 VALE ROAD ASH VALE, SURREY, UK GU12 5HS</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GARNAGHY, ROSSCAHILL, CO. GALWAY, EIRE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/VP/S/T/D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHRISTINE O'MAHONEY GARNAGHY, ROSSCAHILL, CO GALWAY, EIRE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Christine O'Mahoney</i> <b>CHRISTINE O'MAHONEY</b>			<b>16-3-06 91 550207</b> Date Daytime Phone #		