2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000169098



FILED Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90002 028 ***158.75

1. Entity Nam O'MAHON		DINGS U.S., INC	С						03-20-2000	70002 028	136.	, 3	
Principal Place of Business 590 SOUTH OAK AVENUE BARTOW, FL 33830 US			59	Mailing Address 590 SOUTH OAK AVENUE BARTOW, FL 33830 US				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03162006	Chg-P	CR2E034	,		
City & State				City & State				4. FEI Numb APPLIE	er 974 -	- 73-134	S App	olied For Applicable	
Zip	Country			Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
CENTRAL FLORIDA VISA GROUP, INC. 2800 WINTER LAKE ROAD LAKELAND, FL 33803						Name Street Address (P.O. Box Number is Not Acceptable)							
LANELAINI													
						City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						ncing		.00 May Be ed to Fees			<u> </u>		
10. OFFICERS AND DIF				IRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 N 11	
TITLE	D		☐ Delete	TITLI	Ę	PID				Change	Addition		
NAME	O'MAHON	IEY, NEIL S		NAM	E	' '		0	co. 6	ALWA	14		
STREET ADDRESS	1	, 72 VALE ROAD		ET ADDRESS	CHRISTINE O'MAHONEY GARNAGRY, ROSSCAHILL, CO. GALWAY, EIKE CHRISTINE O'MAHONEY GARNAGRY, ROSSCAHILL, CO GALWAY, EIKE								
CITY-ST-ZIP	ASH VALI	E, SURREY, UK GL		CITY	-ST-ZIP					EIKE			
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STREET ADDRESS						ET ADDRESS	GARI	VAGRY, R	OSSCAHILL	LU GALL	UAY, E	/~	
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TITLE				☐ Delete	TITL	E					Change	Addition	
NAME					NAM	E							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
12 hereby	certify that th	e information supplied	with this f	iling does not qualify for	or the ex	emptions o	contained	d in Chapter 11	9. Florida Statutes.	I further certif	v that the in	formation	

Indicated on this report or supplied with this liling does not quality for the exemptions contained in Chapter 19, Portion Statutes. Find the months 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.