

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**


FILED

06 JUL 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000009569

1. Entity Name
OMNICAPITAL INVESTMENTS INC.



Principal Place of Business 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714	Mailing Address 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 9960 Triple Crown Circle Suite, Apt. #, etc.	3. Mailing Address 2212 S Chickasaw Trail Suite, Apt. #, etc. 156
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07182006 Chg-P CR2E034 (11/05)

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 20-2191346	Applied For <input type="checkbox"/> Not Applicable
Zip 32825	Country USA	Zip 32825	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOUDREAU, CHRISTOPHER
425 S WYMORE RD
SUITE 206
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
Christopher Boudreau
Street Address (P.O. Box Number is Not Acceptable)
9960 Triple Crown Circle
City
Orlando FL Zip Code
32825

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: *Ch B* (NOTE: Registered Agent signature required when reinstating) DATE: 7/18/06

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUDREAU, CHRISTOPHER 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUDREAU, CHRISTOPHER 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUDREAU, CHRISTOPHER 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUDREAU, CHRISTOPHER 425 S WYMORE RD SUITE 206 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christopher Boudreau 9960 Triple Crown Circle Orlando, FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christopher Boudreau 9960 Triple Crown Circle Orlando, FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christopher Boudreau 9960 Triple Crown Circle Orlando, FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Christopher Boudreau 9960 Triple Crown Circle Orlando, FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400078231604 08/01/06--01048--012 **\$1.25	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JC 7/26	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Ch B* DATE: 7/18/06 DAYTIME PHONE #: 415-254-0307