

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054246

FILED
Jan 04, 2006
Secretary of State

Entity Name: OFFICE MANAGEMENT GROUP INC.

Current Principal Place of Business:

6499 NW 9TH AVENUE SUITE 108
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6499 NW 9TH AVENUE SUITE 108
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-2679823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LOUIS CIUFERRI
4900 N OCEAN BLVD # 514
FT. LAUDERDALE, FL 33308 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: LOUIS CIUFERRI

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIUFERRI, LOUIS R
Address: 6499 NW 9TH AVENUE SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: CIUFERRI, LOUIS R
Address: 6499 NW 9TH AVENUE SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS CIUFERRI

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date