## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000075824  1. Entity Name OMERTA BG, INC							08-11-2006 90001 022 ***150.00						
Principal Place of Business Mailing Address											E 0:0 2 A I	ara	
850 VILLAGE 201	LAKE TERR	ACE N	850 VILLAGE LAKE T 201							50024	3/3		
ST PETERSBI	URG, FL 33	716	ST PETERSBURG, FL 33716				111						
2. Principal Pl	BK4656		3. Mailing Address 100 SEABREE & BLVD										
Suite, Apt. #, etc BLDG # APT ## 609			Suite, Apt. #, etc. BLDG APT \$\$\infty 609\$				05232006 Chg-P CR2E034 (11/05)						
DAYTONA BEACH FL			City & State DAYTONA BEACH, FL				4. FEI	Number 2.0	- 2923682	-	No	plied For t Applicable	
Zip <b>3211</b>	_	Country <b>UFA</b>	Zip 32118	Coun					f Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current I	7. Name and Address of New Registered Agent Name										
TAXPROS ACCOUNTING SERVICES, INC 7901 4TH STREET NORTH						VASSIL BOYTCHEV							
101						Street Address (P.O. Box Number is Not Acceptable)							
ST. PETERSBURG, FL 33702						) <u>/</u> \/\\\	- IA	IZ EAC		F	Zip Code	9	
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 NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Final Trust Fund Contribution.							00 May		In accordance corporation did				
10.		OFFICERS AND	DIRECTORS	11.			ADDI	rions/c	CHANGES TO OF	FICERS A		S IN 11	
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	Certify that th	e information supplied with	this filing does not qualify			ontained	in Char	ter 110	Florida Statutes	I further o	ertify that the in	nformation	
indicated of the cor	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_