

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087935

Entity Name: OMEGA MODELS, INC.

FILED  
Aug 19, 2008  
Secretary of State

## Current Principal Place of Business:

644 SPICE TRADER WAY  
UNIT D  
ORLANDO, FL 32818

## New Principal Place of Business:

931 N. STATE ROAD 434  
STE. 1201  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

931 N. STATE ROAD 434  
SUITE 1201 PMB 176  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 20-3217937      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEAPS, KERRY K  
931 N. STATE ROAD 434  
SUITE 1201 PMB 176  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HEAPS, KERRY K  
Address: 931 N. STATE ROAD 434, STE. 1201-176  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SCHOWIAK, STEVE  
Address: 2527 LEEDS MANOR RD  
City-St-Zip: MARKHAM, VA 22643

I hereby certify that the information supplied with this filing does not qualify 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: KERRY K. HEAPS

PD

08/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date