

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073830

FILED  
Apr 27, 2010  
Secretary of State

Entity Name: OMEGA INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

199 AVENUE K SE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

199 AVENUE K SE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-4957984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, JEFF  
199 AVENUE K SE  
WINTER HAVEN, FL 33880 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOYD, WILLIAM A  
Address: 199 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D  
Name: DIAL, JOHN W  
Address: 199 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D  
Name: DIAL, MARVIN R  
Address: 199 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D  
Name: THOMPSON, JEFF  
Address: 199 AVENUE K SE  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: JOHN DIAL

VP

04/27/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date