## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000091279

Entity Name: O.M.A. SERVICES. INC

City-St-Zip: MELBOURNE, FL 32901

FILED Sep 04, 2007 Secretary of State

Entity Na	me: O.M.A. SE	ERVICES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
306 GEORGETOWN AVE MELBOURNE, FL 32901				3410 HOLLY SPRINGS RD MELBOURNE, FL 32934	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
306 GEORGETOWN AVE MELBOURNE, FL 32901			P.O. BOX 411902 MELBOURNE, FL 32941		
FEI Number	: 16-1767289	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MILLER, ALLEN 2087-A SARNO RD MELBOURNE, FL 32935 US			MILLER, ALLEN 486 N HARBOR CI MELBOURNE, FL 3	MILLER, ALLEN 486 N HARBOR CITY BLVD MELBOURNE, FL 32935 US	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				09/04/2007	
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () DICK, LINDA 306 GEORGETO MELBOURNE, F		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D () GAPSCH, DEBE 3410 HOLLY SF MELBOURNE, F	PRINGS	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () DICK, RYAN 306 GEORGETO MELBOURNE, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D () DICK, JAMES	Delete	Title: D Name: HUGHES	(X) Change ( ) Addition , URSULA	

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.

City-St-Zip: MELBOURNE, FL 32901

SIGNATURE: DEBBIE GAPSCH DIR 09/04/2007