2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091279

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

HUGHES, URSULA

MELBOURNE, FL 32901

3314 PURDUE

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3410 HOLLY SPRINGS RD MELBOURNE, FL 32934 **Current Mailing Address: New Mailing Address:** 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 of New Registered Agent: MILLER, ALLEN 486 N HARBOR CITY BLVD MELBOURNE, FL 32935 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DICK, LINDA Name: Name: 306 GEORGETOWN AVE Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GAPSCH, DEBBIE Name: 3410 HOLLY SPRINGS Address: Address: MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DICK, RYAN Name: Name: 306 GEORGETOWN AVE. Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

GAPSCH, AL

3410 HOLLY SPRINGS RD

MELBOURNE, FL 32934

SIGNATURE: DEBBIE GAPSCH D 04/30/2008