2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P06000116654

Entity Name: OMNI KLEEN GROUP, INC.

Current Principal Place of Business:

2311 WEST CLAY STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

411 OAKPOINT CIRCLE
DAVENPORT, FL 33837

Current Mailing Address:

2311 WEST CLAY STREET
SUITE 500
KISSIMMEE, FL 34741

New Mailing Address:

411 OAKPOINT CIRCLE
DAVENPORT, FL 33837

FEI Number: 20-5524963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DON
30 4TH STREET SW
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: PD ( ) Delete
Name: LLOYD, KEVYN
Address: 411 OAKPOINT CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: VPD ( ) Delete
Name: EVANS, TRACY
Address: 3011 N STEWART STREET
City-St-Zip: KISSIMMEE, FL 34746

Title: DO ( ) Delete
Name: LLOYD, GARETH
Address: 411 OAKPOINT CIRCLE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: LLOYD, GARETH
Address: 411 OAKPOINT CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: DO (X) Change ( ) Addition
Name: LLOYD, JUSTIN
Address: 411 OAKPOINT CIRCLE
City-St-Zip: DAVENPORT, FL 33837

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: KEVYN LLOYD PD 02/27/2009
Electronic Signature of Signing Officer or Director Date