

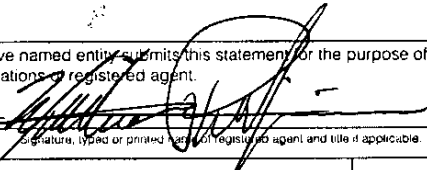
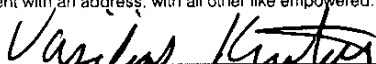


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 025 ***150.00

DOCUMENT # P06000147875 1. Entity Name OMEGA SYSTEMS CONSULTANTS, INC.					
Principal Place of Business 828 PENN AVE. WYOMISSING, PA 19610			Mailing Address 828 PENN AVE. WYOMISSING, PA 19610		
2. Principal Place of Business - No P.O. Box # 3020 Penn Avenue Suite, Apt. #, etc.		3. Mailing Address 3020 Penn Avenue Suite, Apt. #, etc.			
City & State West Lawn, PA Zip 19610		City & State West Lawn, PA Zip 19609		4. FEI Number 20-8100777	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRITSIS, VASILIOS 28331 SOUTH TAMiami TRAIL SUITE 3 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Phillipine, Matthew B. Street Address (P.O. Box Number is Not Acceptable) 28331 South Tamiami Trail Suite 3 City Bonita Springs FL Zip Code 34134	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/16/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KIRITSIS, VASILIOS 35 PACIFIC AVENUE SINKING SPRING, FL 19608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHILLIPINE, MATTHEW B 15444 PUFFIN DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRITSIS, JENNIFER 35 PACIFIC AVENUE SINKING SPRING, FL 19608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 3/16/08 Daytime Phone #: (607) 678-7002		