

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088512

Entity Name: MS. ALICE OMNIMEDIA, INC.

FILED  
Apr 12, 2009  
Secretary of State

## Current Principal Place of Business:

919 WEBER STREET  
ORLANDO, FL 32803 US

## New Principal Place of Business:

5449 BALDWIN PARK STREET  
ORLANDO, FL 32814 US

## Current Mailing Address:

P.O. BOX 536951  
ORLANDO, FL 32853

## New Mailing Address:

FEI Number: 26-0779683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, ALICE  
919 WEBER STREET  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

COLLIER, ALICE  
5449 BALDWIN PARK STREET  
ORLANDO, FL 32814 US

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:

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: COLLIER, ALICE  
Address: P.O. BOX 536951  
City-St-Zip: ORLANDO, FL 32853 US

Title: TRES ( ) Delete  
Name: COLLIER, ALICE  
Address: P.O. BOX 536951  
City-St-Zip: ORLANDO, FL 32853

Title: SECT ( ) Delete  
Name: COLLIER, ALICE  
Address: P.O. BOX 536951  
City-St-Zip: ORLANDO, FL 32853 US

Title: DIR ( ) Delete  
Name: COLLIER, ALICE  
Address: P.O. BOX 536951  
City-St-Zip: CASSELBERRY, FL 32853 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR (X) Change ( ) Addition  
Name: COLLIER, ALICE  
Address: P.O. BOX 536951  
City-St-Zip: ORLANDO, FL 32853 US

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: ALICE R. COLLIER

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date