


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91234 040 \*\*\*150.00

<b>DOCUMENT # P34530</b> 1. Entity Name <b>OMNI TECHNOLOGIE INTERNATIONAL, LTD. CORP.</b>			
Principal Place of Business <b>3222 COMMERECE PLACE STE A WEST PALM BEACH, FL 33407</b>		Mailing Address <b>3222 COMMERECE PLACE STE A WEST PALM BEACH, FL 33407</b>	
2. Principal Place of Business <b>4173 NE 80th Ave</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>ORKEECHOBEE, FL</b>		City & State  	
Zip <b>34972</b>	Country <b>USA</b>	Zip  	Country  
6. Name and Address of Current Registered Agent <b>DENNEY, LARRY W. 12871 COMPTON ROAD LOXAHATCHEE, FL 33470</b>		7. Name and Address of New Registered Agent Name <b>Peggy J Denney</b> Street Address (Box Number is Not Acceptable) <b>12871 Compton Rd</b> City <b>Loxahatchee</b> <b>FL</b> Zip Code <b>33470</b>	
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 <u><i>Peggy J Denney</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS SIMPSON, JACK B 640 NW 73 TERRACE PLANTATION, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P/D Schroeder, Richard M 4249 NW 56th Way Gainesville, FL 32606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS DENNEY, LARRY W 12871 COMPTON RD LOXAHATCHEE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S Denney, Peggy J 12871 Compton Rd Loxahatchee, FL 33470</b>	<input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Peggy J Denney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-29-04</b>	Daytime Phone # <b>561-684-1601</b>