2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046047

Entity Name: OMNI MANAGEMENT & CONSULTANTS UNLIMITED, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of	Business:	
160 INTERNATIONAL PKY SUITE 140 HEATHROW, FL 32746	WY US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
160 INTERNATIONAL PK	WY			
SUITE 140 HEATHROW, FL 32746	US			
FEI Number: 59-3515336	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
BUFORD, CAROL A 160 INTERNATIONAL PAI SUITE 150 HEATHROW, FL 32746 U				
The above named entity su in the State of Florida.	ubmits this statement for the p	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				
Electronic	c Signature of Registered Age	nt	Date	
Election Campaign Financing	Trust Fund Contribution ().			

OFFICERS AND DIRECTORS:

LAKE MARY, FL 32746

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE MARY, FL 32746

Title: () Delete Title: (X) Change () Addition MCCLANDON, JOEANN MCCLANDON, JOEANN Name: Name: 1623 BRIDGEWATER DR Address: 160 INTERNATIONAL PARKWAY Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change () Addition JOHNSON, ROBERT L JOHNSON, ROBERT L Name: Name: Address: 211 NEW GATE LOOP Address: 160 INTERNATIONAL PARKWAY LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete JOHNSON, DEBRA D Name: JOHNSON, DEBRA D Name: 211 NEW GATE LOOP Address: 160 INTERNATIONAL PARKWAY Address:

Title: () Delete Title: (X) Change () Addition BUFORD, CAROL BUFORD, CAROL Name: Name: 160 INTERNATIONAL PARKWAY Address: 1690 BRIDGEWATER DR Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CAROL A J BUFORD S 04/29/2006