2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# P98000069551

Entity Name: OMEGA ARCHITECTURAL PRODUCTIONS INC.

Current Principal Place of Business:

100 AVE. A., STE. 2E
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

100 AVE. A., STE. 2E
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 58-2450676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEVELAND, DAVID M
100 AVE. A., STE. 2E
FT. PIERCE, FL 34950 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDMD ( ) Delete
Name: CLEVELAND, DAVID M
Address: 100 AVE. A., STE. 2E
City-St-Zip: FT. PIERCE, FL 34950

Title: VPD ( ) Delete
Name: GERLEY, VICTOR
Address: 3190 N.E. MAPLE AVE.
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete
Name: CLEVELAND, DAVID M
Address: 100 AVE. A., STE. 2E
City-St-Zip: FT. PIERCE, FL 34950

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID M. CLEVELAND PDMD 07/06/2005

Electronic Signature of Signing Officer or Director Date