


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000002543	
1. Entity Name OMEGA TELECOMMUNICATIONS, INC.	

Principal Place of Business 6518 LAKE ERIE RD. GROVELAND, FL 34736 US	Mailing Address PO BOX 120567 CLERMONT, FL 34712 US
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DO NOT WRITE IN THIS SPACE



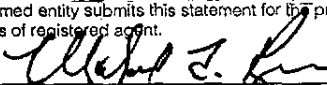
02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3552756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROWAN, MICHAEL A 6518 LAKE ERIE ROAD GROVELAND, FL 34736	

**DO NOT WRITE
IN THIS SPACE**

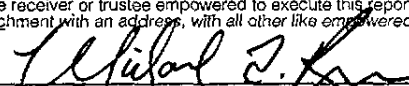
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 03/05/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWAN, MICHAEL A PO BOX 120567 CLERMONT, FL 34712
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04/20/05-80032-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 03/05/05 DAYTIME PHONE: 407-446-2023
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	