

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

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



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3552756	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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

*Michael J. Rowan*

(NOTE: Registered Agent signature required when relocating)

*03/05/05*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROWAN, MICHAEL A  
STREET ADDRESS PO BOX 120567  
CITY-ST-ZIP CLERMONT, FL 34712

UD000000317781  
04/20/05-80032-016 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(1), 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: *Michael J. Rowan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/05/05 407-446-2023*

Date

Daytime Phone #