2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P99000002620 Apr 20, 2006 08:00 AN Secretary of State OMNI UNIVERSAL INCORPORATED Principal Place of Business Mailing Address 4532 W KENNEDY BLVD. P.O. BOX 20082 TAMPA, FL 33622 TAMPA, FL 33609 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3559471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELLAS, JOHN A DO NOT WRITE 4532 W KENNEDY BLVD. 281 IN THIS SPACE TAMPA, FL 33609 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS | | | 05/02/06-80128-019 | 150.00 TITLE SELLAS, JOHN A NAME STREET ADDRESS 4532 W. KENNEDY BLVD #281 GHY-ST-ZIP TAMPA, FL 33622 TITLE NAME STREET ADDRESS CITY-ST-709 MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP THILE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-70P TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04

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