2004 FOR PROFIT CORPORATION SANNUAL REPORT

Secretary of State DOCUMENT # P99000074322 03-10-2004 90015 017 ***150.00 OMNI RESOURCE GROUP, INC. Principal Place of Business Mailing Address 54016584 111 N ORANGE AVE STE 710 111 N ORANGE AVE STE 710 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E034 (10/03) Cha-P City & State City & State 4. FFI Number Applied For 59-3017062 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEMASTUS, DONALD J Street Address (P.O. Box Number is Not Acceptable) 111 N ORANGE AVE STE 710 ORLANDO, FL 32801 Zip Code 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. Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition TITLE LEMASTUS, DON J NAME NAME 940 BRIGHTWATER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition LEMASTUS, DON J NAME NAME 940 BRIGHTWATER CIRCLE STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change Addition NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

PRESIDENT

FILED

Mar 10, 2004 8:00 am