2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 08:00 A **DOCUMENT # P99000074322 Secretary of State** 1. Entity Name OMNI RESOURCE GROUP, INC. Principal Place of Business Mailing Address 111 N ORANGE AVE STE 710 111 N ORANGE AVE STE 710 ORLANDO, FL 32801 ORLANDO, FL 32801 No Chg-P 03122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3017062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEMASTUS, DONALD J DO NOT WRITE 111 N ORANGE AVE STE 710 ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U0000086**885**1 04/09/08-88026-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LEMASTUS, DON J STREET ADDRESS 940 BRIGHTWATER CIRCLE CITY-ST-ZIP MAITLAND, FL 32751 TITLE LEMASTUS, DON J NAME STREET ADDRESS 940 BRIGHTWATER CIRCLE CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

407-42**5-0**078

Daylime Phone #

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