## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 08:00 AM DOCUMENT # S00398 **Secretary of State** OMNI REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 507 N. NEW YORK AVE. 1443 WEST CHESTER WINTER PARK, FL. 32789 RR #3 US WINTER PARK, FL 32789 GR2E034 (11/05) กาวกวกกล No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3123597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAVANNA, ROBERT E DO NOT WRITE 1443 WESTCHESTER AVE. WINTER PARK, FL 32789 IN THIS SPACE 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 press. SIGNATURE diverse of registered screet and trie if applicable. INSUTE: Replatered Agent signature required when reinstelling U00000398522 \$5.00 May Be . Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/31/06-80001-009 150.00 Trust Fund Contribution. Added to Fees 5D. OFFICERS AND DIRECTORS BDE CAVANNA, ROBERT E NAME STREET ADDRESS 1443 WESTCHESTER CITY-ST-ZIP WINTER PARK FL TILE NASS STREET ACCRESS CITY-ST-78 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-70

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 each; that I am an efficier or director of the corporation or the receiver or trustee suppowered 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 artiachment with an adjaces, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS SITY-ST-ZIP

STORATURE AND TYPED OR PRINTED HAVE OF SIGHING OFFICER ON DIRECTOR

2066 (407)647-2255

FILED