

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87971

Entity Name: OMEGA CENTRE, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

8695 COLLEGE PKWY
#252
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5357 CONGO COURT
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0134118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHS, ANNETTE E
5357 CONGO COURT
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOHS, WILLIAM J.,
Address: 5357 CONGO COURT
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S () Delete
Name: BOHS, ANNETTE E
Address: 5350 CONGO CT.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOHS, ANNETTE E,
Address: 5357 CONGO COURT
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S (X) Change () Addition
Name: STILWELL, JANICE
Address: 5350 CONGO CT.
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTEE BOHS

P

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date