

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006852

FILED
Mar 10, 2006
Secretary of State

Entity Name: OMNIVEST, INC.

Current Principal Place of Business:

407 WEKIVA SPRINGS ROAD, SUITE #255
LONGWOOD, FL 32779

New Principal Place of Business:

301 E PINE STREET
150
ORLANDO, FL 32801

Current Mailing Address:

407 WEKIVA SPRINGS ROAD, SUITE #255
LONGWOOD, FL 32779

New Mailing Address:

301 E PINE STREET
150
ORLANDO, FL 32801

FEI Number: 84-0902766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHEY, DAVID MATTHEW
407 WEKIVA SPRINGS ROAD, SUITE #255
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

MURPHEY, DAVID MATTHEW
301 E PINE STREET
150
ORLANDO, FL 32801 US

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:

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCV () Delete
Name: PHELPS, THOMAS N
Address: 11951 E. YALE CT.
City-St-Zip: AURORA, CO 80014

Title: DS () Delete
Name: PHELPS, ANN G
Address: 11951 E. YALE CT
City-St-Zip: AURORA, CO 80014

Title: P () Delete
Name: MIALE, FREDERICK
Address: 623 TENDERFOOT DR.
City-St-Zip: LARKSPUR, CO 80118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS PHELPS

VCVP

03/10/2006

Electronic Signature of Signing Officer or Director

Date