

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005027

FILED
Feb 27, 2007
Secretary of State

Entity Name: OMNI CART SERVICES, INC.

Current Principal Place of Business:

7370 PRODUCTION DR.
MENTOR, OH 44060

New Principal Place of Business:

Current Mailing Address:

PO BOX 366
MENTOR, OH 44061

New Mailing Address:

FEI Number: 34-1389631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLF, DORIS
2555 PGA BLVD. #436
PALM BEACH GARDENS, FL 33410 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: PC () Delete
Name: WOOLF, KEITH
Address: 20982 S. WOODLAND
City-St-Zip: SHAKER HTS, OH 44122

Title: VSVC () Delete
Name: JACOBSON, WILLIAM
Address: 23699 STANFORD RD
City-St-Zip: SHAKER HTS, OH 44122

Title: D () Delete
Name: LEVIN, JOEL
Address: 2467 STRATFORD RD
City-St-Zip: CLEVELAND HTS, OH 44118

Title: D (X) Delete
Name: SAULINO, LARRY
Address: 4040 EMBASSY PKWY #100
City-St-Zip: AKRON, OH 44333

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:

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: KEITH WOOLF

PC

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date