


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000005027 1. Entity Name OMNI CART SERVICES, INC.	
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Principal Place of Business 7370 PRODUCTION DR. MENTOR, OH 44060	Mailing Address PO BOX 366 MENTOR, OH 44061
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05282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1389631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLF, DORIS  
2555 PGA BLVD. #436  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000952518  
06/04/08-90084-007 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WOOLF, KEITH 20982 S. WOODLAND SHAKER HTS, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC JACOBSON, WILLIAM 23699 STANFORD RD SHAKER HTS, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, JOEL 2467 STRATFORD RD CLEVELAND HTS, OH 44118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Keith Woolf* **KEITH WOOLF, PRESIDENT** 5/28/08 440-205-8363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #