

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004184

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** OMNI MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

4138 NORTH KEYSTONE AVE.  
INDIANAPOLIS, IN 46205

**New Principal Place of Business:**

**Current Mailing Address:**

4138 NORTH KEYSTONE AVE.  
INDIANAPOLIS, IN 46205

**New Mailing Address:**

FEI Number: 73-1637869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOEHR, TIM  
8695 COLLEGE PARKWAY  
1274  
FORT MYERS, FL 33919 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: LOEHR, TIM  
Address: 4138 NORTH KEYSTONE AVE.  
City-St-Zip: INDIANAPOLIS, IN 46205

Title: P  
Name: LOEHR, TIM  
Address: 4138 NORTH KEYSTONE AVE.  
City-St-Zip: INDIANAPOLIS, IN 46205

I hereby 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 all other like empowered.

SIGNATURE: MARK BERNHARDT

CFO

01/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date