


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000103421  
 1. Entity Name  
 MARK O'MEARA, INC.



Principal Place of Business IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND, OH 44114-1782	Mailing Address IMG CENTER 1360 E. 9TH ST. STE 100 CLEVELAND, OH 44114-1782
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3550835	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  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000064195  
 02/24/04-80002-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'MEARA, MARK 6312 DEACON CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD O'MEARA, ALICIA 6312 DEACON CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CARFAGNA, PETER IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND, OH 441141782
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 exemption stated in Section 119.07(3)(i), 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: Peter A. Carfagna Assistant Secretary 2/18/04 26-522-1200