

1.) CORPORATION NAME: <b>OMEGA INSURANCE SOLUTIONS, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>	DUE DATE: <b>6/30/2014</b> SCC ID NO: <b>F1862988</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1933 E. EDGEWOOD DR. STE 102  CITY/ST/ZIP: LAKELAND, FL 33803
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFF THOMPSON TITLE: PRESIDENT ADDRESS: 1933 E EDGEWOOD DRIVE SUITE 102 CITY/ST/ZIP/CO: LAKELAND, FL 33803	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JEFF THOMPSON	JEFF THOMPSON, PRESIDENT	6/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.