2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000039245

1. Entity Name
OPTIMA DEVELOPMENT CORPORATION

FILED
2007 FEB 28 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01162007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2631 E. LAKE AVE. TAMPA, FL 33610	P.O. BOX 310385 TAMPA, FL 33680

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3100157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATTS, TONI ~~P.O. BOX 310385~~ 2631 E. Lake Ave TAMPA, FL 33680 Tampa FL 33610	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, ALBERT JR 6544 STEEPLECHASE DRIVE TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300087611213 02/07/07--01007--001 **213.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, FRANK 1106 W CORAL ST TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300087611213 02/08/07--01007--001 **213.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CEO TONI, WATTS L 2212 NORTH MORGAN STREET TAMPA, FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, SUSIE 1611 VILLAREAL ST TAMPA, FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 3/1/07

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: Toni L Watts 1/30/07 813-248-9738
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #