2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067888

Address:

City-St-Zip:

4161 FLAMINGO BLVD.

PORT CHARLOTTE, FL 33948

Entity Name: CONTEMPORARY OPPORTUNITIES, INC

FILED Apr 29, 2005 Secretary of State

Entity Nai	me: CONTEN	(IPORAR)	OPPORTUNITIES,	NC.				
Current Principal Place of Business:				New Pr	New Principal Place of Business:			
	MINGO BLVD ARLOTTE, FL	33948	US					
Current Mailing Address:				New Ma	New Mailing Address:			
	MINGO BLVD ARLOTTE, FL	33948	US					
FEI Number:	: 65-0781427	FEI Nun	nber Applied For()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
	S, JOANN S HIGHWAY, # ARLOTTE, FL		US	1181 VII	INS, JOANI NITTA AVE CHARLOTT			
	named entity e of Florida.	submits tl	nis statement for the p	ourpose of changin	g its registe	ered office or registered agent, or bot	:h,	
SIGNATURE:					04/29/2005			
	Electror	nic Signat	ure of Registered Age	ent		Date	_	
Election Car	npaign Financin	g Trust Fui	nd Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (LOCHE, JOAN 1642 RED OAK PORT CHARLO	(DRIVE	3948	Title: Name: Address: City-St-Zi _l	o :	() Change () Addition		
Title: Name: Address: City-St-Zip:	SV (TOMPKINS, JO 175 KINGS HIG PORT CHARLO	SHWAY, #3		Title: Name: Address: City-St-Zi _l	1181 VII	(X) Change () Addition NS, JOANN VITTA AVE HARLOTTE, FL 33948		
Title: Name:	T ()) Delete ANNAH I		Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SUZANNAH L. WILHITE TREA 04/29/2005