FILED
Jun 14, 2006 8:00 am
Secretary of State

04-21-2006 90116 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

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DOCUMENT # 596218

1. Entity Name
OPUS I, INC.

66018914

Principal Place of Business	Mailing Address
8621 SW26 CT DAVIE FL 33328 US	8621 SW26 CT UNT 13 NO DAVIE FL 33328 US

2. Principal Place of Business	3. Mailing Address 8621 SW 26 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DAVIE FL
Zip / Country	Zip 33328 / Country USA

04172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1867578 ☐ 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
FLOWERS, JACK C. 8621 SOUTHWEST 26TH COURT DAVIE, FL 33328	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 JACK C. FLOWERS PRESIDENT Jack C Flowers 5/3/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PD FLOWERS, JACK C 8621 SW 26TH CT DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLOWERS, JOAN 8621 SW 26TH CT DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jack C Flowers, President 6/11/06
JACK C. FLOWERS, PRESIDENT