2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767684

Entity Name: ODAT, INC.

FILED Apr 29, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|-----------------------------|--|--|---|---|--|
| 4971 W COLONIA P.O. BOX 585997 ORLANDO, FL 32808 | | | | 4971 W COLONIAL DRIVE ORLANDO, FL 32808 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 4971 W COLONIA P.O. BOX 585997 ORLANDO, FL 32808 | | | | P.O. BOX 585997 ORLANDO, FL 32808 | | | |
| FEI Number: 59-2381244 FEI Number Applied For () FEI Number | | | | mber Not Applicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| MEAD, VICTOR 2153 LEE RD WINTER PARK, FL 32789 US 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. SIGNATURE: | | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: Title: Name: | MACDOUGALL, 1599 WOODWI APOPKA, FL 32 | ND DR 2703 Delete | | Title: Name: Address: City-St-Zip: Title: Name: | , |) Change () Addition () Change () Addition ENDA | |
| Address: City-St-Zip: | P.O. BOX 58022 ORLANDO, FL | | | Address: City-St-Zip: | 401 JOYCE ST EDGEWATER, | | |
| Title: Name: Address: City-St-Zip: | | Delete K, HEIDI ND DR | | Title: Name: Address: City-St-Zip: | | () Change()Addition CK, HEIDI /IND DR | |
| Title: Name: Address: City-St-Zip: | SMATLAK, STE 1599 WOODWA | ARD DR | | Title: Name: Address: City-St-Zip: | SD (X ANDERSON, T 6533 FAIRWAY ORLANDO, FL | Y HILL COURT | |
| Title: Name: Address: City-St-Zip: | BM () LAWSON, KENN P.O.BOX 41647 ORLANDO, FL | 2 | | Title: Name: Address: City-St-Zip: | D (X LAWSON, KEN P.O.BOX 4164 ORLANDO, FL | 72 | |
| Title: Name: Address: City-St-Zip: | BM (X) WILLIAMSON, 3 4046 LYAN DR ORLANDO, FL | | | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ BRENDA GEBHART VP 04/29/2007