## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#767684** 

Entity Name: ODAT INC

FILED Apr 21, 2008 Secretary of State

Entity Na	me: ODAT, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	OLONIAL DRIVE D, FL 32808					
Current Mailing Address:			New Mailing Address:			
P.O. BOX ORLAND(	585997 D, FL 32808					
FEI Number	: 59-2381244 FI	El Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	d Address of Curr	ent Registered Agent:	Name and	l Address (	of New Registered Agent:	
MEAD, VIO 2153 LEE WINTER F		US				
	e named entity subr e of Florida.	nits this statement for the	purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electronic S	ignature of Registered Ag	ent		Date	
OFFICER	S AND DIRECTOR	RS:	ADDITION	NS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele MACDOUGALL, GRI 1599 WOODWIND I APOPKA, FL 32703	EGORY DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () Dele GEBHART, BRENDA 401 JOYCE STREE EDGEWATER, FL 3	Г	Title: Name: Address: City-St-Zip:	VP ANDERSOI 6533 FAIRV ORLANDO,	WAY HILL COURT	
Title: Name: Address: City-St-Zip:	TD () Dele SCHMADEBECK, HI 1599 WOODWIND I APOPKA, FL 32703	EIDI DR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () Dele ANDERSON, TROY 6533 FAIRWAY HILI ORLANDO, FL 3283	_ COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	D () Dele		Title: Name:		( ) 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.

Address:

City-St-Zip:

SIGNATURE: GREGORY A MACDOUGALL P 04/21/2008

P.O.BOX 416472

ORLANDO, FL 32861

Address:

City-St-Zip: