## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State

|            | ANNUAL REPORT |  |
|------------|---------------|--|
| DOCUMENT # | F00000002878  |  |

1. Entity Name OPPCO, INC.



Principal Place of Business

ATTN: J. TUTTLE 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411 Mailing Address

ATTN: J. TUTTLE 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411



04202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 91-2031252 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUTTLE, JASON 390 BUSINESS PARK WAY, K-1 ROYAL PALM BEACH, FL 33411

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the pions of registered agent.        | purpose of changing its regi                  | stered office or registered agent, or b            | oth, in the State of Florida. I am familiar with, and accept |  |  |
|--|---|---|--|--|--|--|
| SIGNATURE  | Signature, typed or printed name of registered agent and title                | d applicable (MV)TE, Box                      | Altered Appel support to approved when to patabase | DATE   |  |  |
|  | Signature, types of priviles raine of registeres again and title              | ii appicable (NOTE: Negi                      | stered Agent signature required when reinstating)  | UAIE   |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                   | Election Campaign F     Trust Fund Contributi |  |  |  |  |
| 10.  | OFFICERS AND DIREC  | CTORS   |  | 2W-3   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSTD<br>TUTTLE, J<br>390 BUSINESS PARK WAY, K-1<br>ROYAL PALM BEACH, FL 33411 |   |  | ·  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>TUTTLE, H<br>390 BUSINESS PARK WAY, K-1<br>ROYAL PALM BEACH, FL 33411    |   |  | 000000720561<br>05/01/07-80111-003 150.00                    |  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  |   |   | Djo  | NOT WRITE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   | IN:  | THIS SPACE   |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |   | ***************************************       |  |  |  |  |
| 1ITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |  |  |  |
| 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. |   |   |  |  |  |  |