
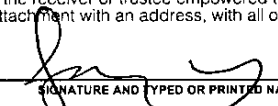


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90188 036 ***150.00

DOCUMENT # F04000001471						
1. Entity Name OPTIMOS INCORPORATED						
Principal Place of Business 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151			Mailing Address 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 54-1691709		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
2. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	CP PURI, SAN JAY 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
CP PURI, SAN JAY 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANAYA, TONEY 238 GRIFFIN ST. SANTA FE, NM 87501		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D ANAYA, TONEY 238 GRIFFIN ST. SANTA FE, NM 87501		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAN, ALEXANDER G 610 POTOMAC RIVER RD. MCLEAN, VA 221021403		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D DEAN, ALEXANDER G 610 POTOMAC RIVER RD. MCLEAN, VA 221021403		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERVELDEN, JAMES EDWARD 40 WILLIAM ST. #G-20 WELLESLEY, MA 02481		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D VANDERVELDEN, JAMES EDWARD 40 WILLIAM ST. #G-20 WELLESLEY, MA 02481		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUKHERJEE, TAPAS 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
VP MUKHERJEE, TAPAS 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAPTIS, PHILIP 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
S PAPTIS, PHILIP 4455 BROOKFIELD CORP. DR #200 CHANTILLY, VA 20151		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  SANJAY PURI 4/17/06 7034886900						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						