


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 033 ***150.00

DOCUMENT # F04000002629 1. Entity Name OIOPT ACQUISITION CORP.	
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Principal Place of Business 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076	Mailing Address 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2052755	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERBER, GARY D 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PISANO, VINCE 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSENTOS, GERALD 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEELYE, MATTHEW C 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMACHEK, ROSS 888 SEVENTH AVENUE NEW YORK, NY 10106

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IN THIS SPACE**

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: Matthew C. Seelye 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #