## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005432

Entity Name: OPTELLIOS, INC

Name:

Address:

City-St-Zip:

PATEL, JAY

2260 CABOT BLVD., W. STE. 100

LANGHORNE, PA 19047

FILED Jul 07, 2008 Secretary of State

| •   |   | ,  |   |   |  |
|---|---|--|---|---|--|
| Current Principal Place of Business:          |   |  | New Principal Place                         | New Principal Place of Business:          |  |
|   | OT BLVD., W.<br>RNE, PA 1904                        |  |   |   |  |
| Current Mailing Address:                      |   |  | New Mailing Address:                        |   |  |
|   | OT BLVD., W.<br>RNE, PA 1904                        |  |   |   |  |
| FEI Number                                    | : 25-1870038  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address o                          | Name and Address of New Registered Agent: |  |
| WESTON  | e named entity<br>e of Florida.                     | US   | ourpose of changing its registered          | d office or registered agent, or both,    |  |
| Electronic Signature of Registered Agent      |   |  | ent   | Date                                      |  |
| Election Car                                  |   | 3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution().<br>TORS: | •   | S TO OFFICERS AND DIRECTORS               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>BURSON, CRA<br>1001 BRICKEL<br>MIAMI, FL 331 | L BAY DR.  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | UGRAS, GEOR   | TY AVE., STE. 610  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:  | CEO (   | ) Delete   | Title:                                      | ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL NOLAN CFO 07/07/2008