2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008254

FILED Jan 06, 2008 Secretary of State

Entity Name: OPPORTUNITIES ABOUND IN CAREERS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 6152 9TH AVE CIR NE BRADENTON, FL 34212 **Current Mailing Address: New Mailing Address:** 9223 54TH CT E PARRISH, FL 34219 FEI Number: 11-3655064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DESUE, WENSTON B 9223 54TH CT E PARRISH, FL 34219 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JONES, MARIANI DESUE, WENSTON Name: Name: 1609 9TH AVE E Address: 9223 54TH CT E Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: PARRISH, FL 34219 Title: () Delete Title: (X) Change () Addition LUCAS, MARK E Name: JONES, MARJANI D Name: Address: 912 DELANY CIR. Address: 1609 9TH AVE E City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRADENTON, FL 34208 Title: () Delete Title: (X) Change () Addition CARTER, PAULA S LUCAS, MARK E Name: Name: 1250 102ND AVE N Address: Address: 912 DELANY CIR City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: BRANDON, FL 33511 () Delete Title: Title: () Change () Addition Name: YOUNG, CHE' ESQ Name: 152 CRESTMONT DR Address: Address: City-St-Zip: MACON, GA 31206 City-St-Zip: Title: () Delete Title: () Change () Addition DEMPS, JULIUS DR., II Name: Name: 2442 WISPERING LAWN LN Address: Address: City-St-Zip: JACKSONVILLE, FL 32145 City-St-Zip: Title: () Delete Title: () Change () Addition SUGGS, STACI DR. DOS Name: Name: Address: 8448 FINCH AVE. E. Address: JACKSONVILLE, FL 32219 City-St-Zip: City-St-Zip:

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.

SIGNATURE: WENSTON B. DESUE P 01/06/2008