## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001727

Entity Name: OPO SOLUTIONS, INC.

FILED Jul 12, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

2601 W FOUNTAIN BLVD 948 DEER DRIVE NE

TAMPA, FL 33629 ALBUQUERQUE, NM 87122 US

Current Mailing Address: New Mailing Address:

2601 W FOUNTAIN BLVD 948 DEER DRIVE NE

TAMPA, FL 33629 ALBUQUERQUE, NM 87122

FEI Number: 06-5403914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD SUITE 309 TAMPA, FL 33602 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:

City-St-Zip:

Clarksonia Ciamakura of Daniakura d Anauk

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

\_\_\_\_\_\_

 Title:
 T
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 CAMPBELL, JOHN R JR
 Name:
 CAMPBELL, JOHN R

 Address:
 2601 W FOUNTAIN BLVD
 Address:
 948 DEER DRIVE NE

TAMPA, FL 33629 Address: 948 DEER DRIVE NE City-St-Zip: ALBUQUERQUE, NM 87122

Title: T ( ) Delete Title: VP (X) Change ( ) Addition Name: CAMPBELL, DSIMMY A Name: HEISTER, KAREN E

Address: 2601 W FOUNTAIN BLVD Address: 948 DEER DRIVE
City-St-Zip: TAMPA, FL 33629 City-St-Zip: ALBUQUERQUE, NM 87122 US

Title: T ( ) Delete Title: S (X) Change ( ) Addition

Name: ROGERS, BRYAN Name: ROGERS, BRYAN
Address: 4721 S CLIFF AVE STE 105 Address: 903 E. 104 ST

City-St-Zip: INDEPENDENCE, MO 64055 City-St-Zip: KANSAS CITY, MO 64131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN R. CAMPBELL P 07/12/2005