

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001727

FILED
Apr 28, 2007
Secretary of State

Entity Name: OPO SOLUTIONS, INC.

Current Principal Place of Business:

2909 W BAY TO BAY BLVD SUITE 309
TAMPA, FL 33629 US

New Principal Place of Business:

2907 W BAY TO BAY BLVD
309
TAMPA, FL 33629 US

Current Mailing Address:

2909 W BAY TO BAY BLVD SUITE 309
TAMPA, FL 33629 US

New Mailing Address:

2907 W BAY TO BAY BLVD
201
TAMPA, FL 33629 US

FEI Number: 20-2220675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD
SUITE 201
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: THOMAS P MCNAMARA

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, JOHN R
Address: 948 DEER DRIVE NE
City-St-Zip: ALBUQUERQUE, NM 87122

Title: VP () Delete
Name: HEISTER, KAREN E
Address: 948 DEER DRIVE
City-St-Zip: ALBUQUERQUE, NM 87122 US

Title: S () Delete
Name: ROGERS, BRYAN
Address: 903 E. 104 ST
City-St-Zip: KANSAS CITY, MO 64131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN R CAMPBELL

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date