

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001552

FILED
Mar 07, 2007
Secretary of State

Entity Name: OPPORTUNITY DEVELOPMENT PROPERTIES INC.

Current Principal Place of Business:

% OPPORTUNITY DEVELOPMENT INC.
2709 ART MUSEUM DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

% OPPORTUNITY DEVELOPMENT INC.
2709 ART MUSEUM DR
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1837352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, JIM
10472 HUNTERS CREEK CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: ED () Delete
Name: MOTKO, MATTHEW
Address: 2315 CONCILIATION LN
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: POWELL, DANNY
Address: 10233 RISING MIST LN
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP () Delete
Name: MORRIS R, JOE
Address: 11812 DUNN BRANCH DR WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: MURPHY, JIM
Address: 10472 HUNTERS CREEK CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: TRIFELETTI, JOHN
Address: 1104 SECRET OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP (X) Change () Addition
Name: POWELL, DANNY
Address: 10233 RISING MIST LANE
City-St-Zip: JACKSONVILLE, FL 32221

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

Title: CFO () Change (X) Addition
Name: WILLIAMS, PAMELA P
Address: 10642 RUTGERS RD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA WILLIAMS

CFO

03/07/2007

Electronic Signature of Signing Officer or Director

Date