2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2007
Secretary of State

DOCUMENT# N05000009596

Entity Name: NA OPIOPIO I ORLANDO, INC

Current Principal Place of Business:

505 KANSAS WOODS CT
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

505 KANSAS WOODS CT
ORLANDO, FL 32824 US

New Mailing Address:

FEI Number: 20-3485175 **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:

NICDAO, CONCEPCION O
505 KANSAS WOODS CT
ORLANDO, FL 32824 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: D ( ) Delete
Name: BRANDT, KAUIHEALANI
Address: 2333 WESTMINSTER COURT
City-St-Zip: WINTER PARK, FL 32789 US

Title: VPD ( ) Delete
Name: DORAN, KAUIHEALANI
Address: 2333 WESTMINSTER COURT
City-St-Zip: WINTER PARK, FL 32789 US

Title: PD ( ) Delete
Name: NICDAO, CONCEPCION
Address: 505 KANSAS WOODS CT
City-St-Zip: ORLANDO, FL 32824 US

Title: S ( ) Delete
Name: BURGHARDT, CHERYL
Address: 133 CLUB VILLAS
City-St-Zip: KISSIMMEE, FL 34744 US

Title: T ( ) Delete
Name: CATHCART, CARLENE
Address: 17113 RED BIRD RD
City-St-Zip: WINTER GARDEN, FL 34787 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:

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: CONCEPCION O. NICDAO PD 08/12/2007

Electronic Signature of Signing Officer or Director — Date