

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003171

Entity Name: OPPORTUNITIES, INC.

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

ONE PARKLAND PLACE
MILFORD, CT 06460

New Principal Place of Business:

Current Mailing Address:

PO BOX 5225
MILFORD, CT 06460

New Mailing Address:

FEI Number: 65-0613182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYMAN, REBECCA
715 SW 4TH STREET
#3
FORT LAUDERDALE, FL 33312

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: PTSD () Delete
Name: HEYMAN, HARRIS J
Address: ONE PARKLAND PLACE
City-St-Zip: MILFORD, CT 06460

Title: D () Delete
Name: NISEN, AMY
Address: 2 CORNELL DRIVE
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: D () Delete
Name: WALKER, FERN
Address: 6 CHESHIRE COURT
City-St-Zip: BROOKFIELD, CT 06804

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 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: HARRIS J. HEYMAN

PRES

01/14/2004

Electronic Signature of Signing Officer or Director

Date