

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90017 042 ****61.25

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1. Entity Name
OPPORTUNITIES, INC.

Principal Place of Business
**ONE PARKLAND PLACE
 MILFORD, CT 06460**

Mailing Address
**PO BOX 5225
 MILFORD, CT 06460**

40021050



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

02072005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0613182

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

2863 WATERFORD DR
North
DEERFIELD BEACH
33442

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **PTSD**
 STREET ADDRESS **HEYMAN, HARRIS J**
 CITY-ST-ZIP **ONE PARKLAND PLACE**
MILFORD, CT 06460

TITLE Delete
 NAME **D**
 STREET ADDRESS **NISEN, AMY**
 CITY-ST-ZIP **2 CORNELL DRIVE**
LINCOLNSHIRE, IL 60069

TITLE Delete
 NAME **D**
 STREET ADDRESS **WALKER, FERN**
 CITY-ST-ZIP **6 CHESHIRE COURT**
BROOKFIELD, CT 06804

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **544 MANOR RD,**
 CITY-ST-ZIP **WYNNEWOOD, PA 19096**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harris J. Heyman, Pres.* **HARRIS J. HEYMAN, Pres.** 2-17-05 2038821200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #