
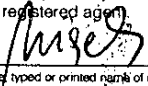



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90142 013 ***150.00

DOCUMENT # P00000050309 1. Entity Name OPTIMUM SYSTEMS GROUP, INC.					
Principal Place of Business POST OFFICE BOX 1441 OLDSMAR, FL 34677-1441			Mailing Address POST OFFICE BOX 1441 OLDSMAR, FL 34677-1441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3651413	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WIECKOWSKI, WACLAW 353 SHORE DRIVE EAST OLDSMAR, FL 34677-3915				Name WIECKOWSKI, ZOFIA Street Address (P.O. Box Number is Not Acceptable) 353 SHORE DR E City OLDSMAR FL Zip Code 34677-3915	
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  ZOFIA WIECKOWSKI 04/21/2008 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECKOWSKI, ZOFIA <input type="checkbox"/> Delete 353 SHORE DRIVE EAST OLDSMAR, FL 346773915		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T WIECKOWSKI, ZOFIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 353 SHORE DR E OLDSMAR, FL 34677-3915	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIECKOWSKI, WACLAW <input type="checkbox"/> Delete 353 SHORE DRIVE EAST OLDSMAR, FL 346773915		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:  ZOFIA WIECKOWSKI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/21/2008 <small>Date</small>		813-855-0090 <small>Daytime Phone #</small>