

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050309

Entity Name: OPTIMUM SYSTEMS GROUP, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 1441
OLDSMAR, FL 346771441

New Principal Place of Business:

353 SHORE DRIVE E
OLDSMAR, FL 34677 US

Current Mailing Address:

POST OFFICE BOX 1441
OLDSMAR, FL 346771441

New Mailing Address:

POST OFFICE BOX 1441
OLDSMAR, FL 346771441 US

FEI Number: 59-3651413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIECKOWSKI, ZOFIA
353 SHORE DRIVE EAST
OLDSMAR, FL 346773915 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WIECKOWSKI, ZOFIA
Address: 353 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 346773915

Title: S () Delete
Name: WIECKOWSKI, WACLAW
Address: 353 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 346773915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: WIECKOWSKI, ZOFIA
Address: 353 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 346773915 US

Title: S (X) Change () Addition
Name: WIECKOWSKI, WACLAW
Address: 353 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 346773915 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOFIA WIECKOWSKI

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date