2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000079770

1. Entity Name

OPPM INC.

Principal Place of Business	Mailing Address
1400 ALABAMA STREET #1 WEST PALM BEACH FL 33401	1400 ALABAMA STREET #1 WEST PALM BEACH FL 33401

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-1047026	Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
FRANK, MARTIN A 1400 ALABAMA STREET #1 WEST PALM BEACH FL 33401	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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME FRANK, MARTIN A STREET ADDRESS 845 FLAMINGO DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000217086 02/07/05--80011-012 150.00 ☐ Change ☐ Addition
TITLE D NAME FRANK, BARBARA STREET ADDRESS 845 FLAMINGO DR. CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _Barbara Frank_ Barbara Frank 2/3/05   561-659-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #