

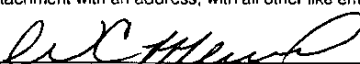


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000030668</b> 1. Entity Name <b>OPTIMUM ENTERPRISES, INC.</b>						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">05 APR 26 PM 3:26</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>823 HALLOWELL CIRCLE ORLANDO, FL 32828</b>				Mailing Address <b>823 HALLOWELL CIRCLE ORLANDO, FL 32828</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MERRELL, WILLIE C 823 HALLOWELL CIRCLE ORLANDO, FL 32828</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: inline-block; border: 1px solid black; padding: 2px;">FL</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">Zip Code</div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, BELINA B			NAME			
STREET ADDRESS	10720 GOLDFISH CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP			
TITLE	CFO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, EDWARD B JR			NAME			
STREET ADDRESS	1324 NEW TOWN AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32835			CITY-ST-ZIP			
TITLE	CEO <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERRELL, WILLIE C			NAME			
STREET ADDRESS	823 HALLOWELL CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Apr 26, 2005 402-737-2919 <small>Date Daytime Phone #</small>			