

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90198 015 \*\*\*150.00

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01042007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000073663</b> 1. Entity Name OPTIMA DHM CORP.																													
Principal Place of Business 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614			Mailing Address 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614																										
2. Principal Place of Business - No P.O. Box # <b>3 CYPRESS RUN</b> Suite, Apt. #, etc. <b># 33C</b>		3. Mailing Address <b>PO Box 3179</b> Suite, Apt. #, etc.																											
City & State <b>HOMOSASSA FL</b>		City & State <b>HOMOSASSA SPRINGS, FL</b>																											
Zip <b>34446</b>		Country <b>CITRUS</b>		Zip <b>34447</b>																									
Country <b>CITRUS</b>		4. FEI Number <b>59-3734629</b>																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>COCCHI, JAMES V</b> <b>18200 SEVILLE CLUBHOUSE DR</b> <b>BROOKSVILLE, FL 34614</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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:** *Nachum Kalka* **NACHUM KALKA** **1-10-07** **352-382-7138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #