2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000028023** 1. Entity Name 04-26-2004 91026 012 ***150.00 OPTINRESOURCE, INC. Principal Place of Business Mailing Address 6574 N ST RD 7 6574 N ST RD 7 323 323 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2162308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEFINI, CATHY M DO NOT WRITE 6574 N ST RD 7 #323 IN THIS SPACE COCONUT CRK, FL 33073 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 9. Election Campaign Financing \$5.00 May Be E NOW!!! FEE'IS \$150.00 Trust Fund Contribution. ay 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEFINI, CATHY M NAME STREET ADDRESS 6574 N ST RD 7 #323 CITY-ST-ZIP COCONUT CRK, FL 33073 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY:ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME

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 attack-ment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED