2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P030000167181. Entity Name

1. Entily Name
ASSOCIATES & OPPORTUNITY, INC

FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

638 BELVEDERE ROAD WEST PALM BEACH, FL 33405

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638 BELVEDERE ROAD WEST PALM BEACH, FL 33405 U



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| 03272007 | No Chg-P | CR2E034 (11/05) | | | | | | | |

4. FEI Number
02-0675064

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, JAY A 8776 THOUSAND PINE CIRCLE WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

| 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, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution | | | cing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, JAY A 8776 THOUSAND PINE CIRCLE WEST PALM BEACH, FL 33405 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE | | . 1. 12. 14. 11. | | | | | | |
| NAME | | | | | ; | | | |
| STREET ADDRESS | | | | DO | NOT WRITE | | | |
| CITY-ST-ZIP | · · | | | | | | | |
| TITLE NAME | | | | IN T | THIS SPACE | | | |
| STREET ADORESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | | | | | |
| NAME | | | | | U00000717558 | | | |
| STREET ADDRESS | | | | | 04/30/07-80053-009 150.00 | | | |
| CITY-ST-ZIP | | | | | 00.001 0.00 0.000 100.00 | | | |
| TITLE | \ | | | | | | | |
| NAME | \ | | | | | | | |
| STREET ADDRESS : CITY-ST-ZIP | <i> </i> | | | | | | | |
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| 12. I nereby 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 supplied that port 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 regeiver of truckee 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 withat address with all other like empowered. | | | | | | | | |

INTED NAME OF SIGNING OFFICER OR DIRECTOR