2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097214

MORGANTOWN, PA 19534

City-St-Zip:

FILED Apr 25, 2005 Secretary of State

Entity Name: OPTIMA PERFORMANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 1450 WEST CHESTER, PA 19380 **Current Mailing Address: New Mailing Address:** PO BOX 1450 WEST CHESTER, PA 19380 FEI Number: 20-0207262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROWLEY, JAMES D 17943 SE 87TH BOURNE AVE THE VILLAGES, FL 32162 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CROWLEY, SUZANNE M CROWLEY, ARTHUR W Name: Name: 604 FRANKLIN WAY 604 FRANKLIN WAY Address: Address: City-St-Zip: WEST CHESTER, PA 19380 City-St-Zip: WEST CHESTER, PA 19380 Title: () Delete Title: () Change () Addition Name: LAWSON, CHRISTINE B Name: 17 MORGAN SPRING DR. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR W CROWLEY **PRES** 04/25/2005