

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097214

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** OPTIMA PERFORMANCE, INC.

**Current Principal Place of Business:**

604 FRANKLIN WAY  
WEST CHESTER, PA 19380

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2582  
WEST CHESTER, PA 19380

**New Mailing Address:**

**FEI Number:** 20-0207262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROWLEY, JAMES D  
17943 SE 87TH BOURNE AVE  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

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:**

**Title:** P  
**Name:** CROWLEY, SUZANNE M  
**Address:** 604 FRANKLIN WAY  
**City-St-Zip:** WEST CHESTER, PA 19380

**Title:** V  
**Name:** LAWSON, CHRISTINE B  
**Address:** 17 MORGAN SPRING DR.  
**City-St-Zip:** MORGANTOWN, PA 19534

I hereby 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 all other like empowered.

**SIGNATURE:** SUZANNE M CROWLEY

PRES

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date