

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 047 ***150.00

DOCUMENT # P03000146067					
1. Entity Name ODIFA, INC.					
Principal Place of Business 316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE, FL 34741			Mailing Address 316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 4450 E. WINDMILL DR		3. Mailing Address 4450 E. WINDMILL DR			
Suite, Apt. #, etc. # 107		Suite, Apt. #, etc. # 107		05102007 Chg-P CR2E034 (12/06)	
City & State INVERNESS FL		City & State INVERNESS FL		4. FEI Number 76-0746440	
Zip 34453		Country USA		Applied For Not Applicable	
Zip 34453		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IDEAL OPPORTUNITIES, INC. 316 N. JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name BOB P. HALSEMA Street Address (P.O. Box Number is Not Acceptable) 4450 E. WINDMILL DR #107 City INVERNESS FL Zip Code 34453		
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 5/19/07					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALSEMA, BOB P 316 N. JOHN YOUNG PARKWAY #14 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1391 N. TIMUCUAN TRAIL INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERMAN-HALSEMA, ALIDA J 316 N. JOHN YOUNG PARKWAY #14 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1391 N. TIMUCUAN TRAIL INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			Date 5/19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		