2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030245

Entity Name: OPTIMA DEVELOPMENT CORPORATION

FILED Sep 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1920 E HILLSBOROUGH AVE 2631 E. LAKE AVE. TAMPA, FL 33610 TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

1920 E HILLSBOROUGH AVE P.O. BOX 310385 TAMPA, FL 33610 P.O. BOX 310385 TAMPA, FL 33680

FEI Number: 20-3100157 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:

WATTS, TONI
1920 E HILLSBOROUGH AVE
TAMPA, FL 33610 US

WATTS, TONI
P.O. BOX 310385
TAMPA, FL 33680 US

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: TONI WATTS 09/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

1611 VILLAREAL ST

TAMPA, FL 33613

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HAUGABROOK, EARL
 Name:
 LEE, ALBERT JR

 Address:
 1407 SHELL FLOWER DR
 Address:
 6544 STEEPLECHASE DRIVE

City-St-Zip: BRANDON, FL 33511 City-St-Zip: TAMPA, FL 33625

Title: D () Delete Title: () Change () Addition Name: SANCHEZ, FRANK Name:

Name: SANCHEZ, FRANK Name:
Address: 1106 W CORAL ST Address:
City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: CONEY, CHLOE J Name: TONI, WATTS L

Address: 7105 WHITTIER ST Address: 2212 NORTH MORGAN STREET

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33610

Title: D () Delete Title: () Change () Addition
Name: RICE, SUSIE Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TONI L. WATTS PRES 09/29/2006