
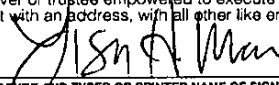


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90158 044 ***150.00

DOCUMENT # P04000090154 1. Entity Name OPTELL CORPORATION					
Principal Place of Business 8067 COUNTRY CLUB RD N ST PETERSBURG, FL 33710			Mailing Address 8067 COUNTRY CLUB RD N ST PETERSBURG, FL 33710		
2. Principal Place of Business c/o			3. Mailing Address Terrance P. McNamara, Esq.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 400 Corey Ave., 2nd Fl.		
City & State 			City & State St. Pete Beach, FL		
Zip 		Country 		4. FEI Number 20-1224588	
Zip 33706		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ 400 COREY AVE WACHOVIA BANK BLDG 2ND FLOOR ST PETE BEACH, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MAIER, LISA H 8067 COUNTRY CLUB RD N ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAIER, LISA H 8067 COUNTRY CLUB RD N ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Lisa Maier, President </div> <div style="width: 35%; text-align: right;"> 1/30/5 <small>Date</small> </div> </div>					