2006 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90408 008 ***150.00 DOCUMENT # P04000090154 1. Entity Name **OPTELL CORPORATION** Principal Place of Business Mailing Address 50008457 8067 COUNTRY CLUB RD N C/O TERRANCE P. MCNAMARA, ESQ. ST PETERSBURG, FL 33710 400 COREY AVE, 2ND FL SAINT PETERSBURG, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1224588 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Terrance</u> P. McNamara, MCNAMARA, TERRANCE P ESQ Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd **400 COREY AVE** WACHOVIA BANK BLDG 2ND FLOOR ST PETE BEACH, FL 33706 City St. Pete Beach 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPVS Detete TITLE TITLE □ Сћапое ☐ Addition MAIER, LISA H NAME NAME 8067 COUNTRY CLUB RD N STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAIER, LISA H NAME STREET ADDRESS 8067 COUNTRY CLUB RD N STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL 33710 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

SIGNATURE:

Daytime Phone