

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 037 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000012894</b> 1. Entity Name OPAL, INC.			
Principal Place of Business 5602 NW 99TH WAY CORAL SPRINGS, FL 33076		Mailing Address 5602 NW 99TH WAY CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box # <b>5632 NW 99 WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>5632 NW 99 WAY</b> Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS, FL</b> Zip <b>33076</b>		City & State <b>CORAL SPRINGS, FL</b> Zip <b>33076</b>	
Country <b>U.S.</b>		Country <b>US</b>	
4. FEI Number <b>20-2257220</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SAWHNEY, RAMANDEEP 5602 NW 99TH WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent  Name: <b>SAWHNEY, RAMANDEEP</b> Street Address (P.O. Box Number is Not Acceptable) <b>5632 NW 99 WAY</b>  City: <b>CORAL SPRINGS</b> FL Zip Code: <b>33076</b>	
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: <u><i>R. Sawhney</i></u> DATE: <u>06/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SAWHNEY, RAMANDEEP 5602 NW 99TH WAY CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D SAWHNEY, RAMANDEEP 5632 NW 99 WAY CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D, P SAWHNEY, INDERMOHAN 5632 N.W. 99th Way Coral Springs, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>R. Sawhney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>06/26/07</u> <small>Daytime Phone #</small>	

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