2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071018

Address:

City-St-Zip:

1363 S. SEAGATE DR.

DELTONA, FL 327252207

FILED Mar 19, 2007 Secretary of State

Entity Name: OPTIMUM CONSTRUCTION, INC **Current Principal Place of Business: New Principal Place of Business:** 2350 PEMBERTON STREET OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 2350 PEMBERTON STREET OVIEDO, FL 32765 FEI Number: 20-2881912 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: SHIWWARAYAN, USHURBUDH N JACKSON, WALTER D 1363 S. SEAGATÉ DR. 2350 PEMBERTON ST DELTONA, FL 327252207 US OVIEDO, FL 32765 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: WALTER D. JACKSON 03/19/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/S () Delete () Change () Addition JACKSON, WALTER D Name: Name: 2350 PEMBERTON STREET Address: Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: Title: SRVP () Delete Title: () Change () Addition Name: JACKSON, SHELIA S Name: 2350 PEMBERTON STREET Address: Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: Title: Title: (X) Delete () Change () Addition MORTON, GALIER Name: Name: 3416 W/SCOTT ST Address: Address: City-St-Zip: PENSACOLA, FL 32505 US City-St-Zip: Title: MD (X) Delete Title: () Change () Addition SHIWWARAYAN, USHURBUDN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: WALTER D. JACKSON P/S 03/19/2007