## FILED Mar 22, 2007 8:00 am Secretary of State

ANNOAL REPORT									ш. ј		·····
DOCUMENT # P06000081661  1. Entity Name OPAD MOBILE, INC.							02-01-2007 90021 034 ***150.00				
Principal Place	ling Address	Address				10008	271111				
4669 BLUE RIBBON DR				69 BLUE RIBBON DI			Ţ	יטטסס	3 20 0		
MILTON, FL 32583				MILTON, FL 32583							
								OPOL DAN CUR OTAL 29 F			ITATEL DI 1804
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			01172007	Chg-P	CR2E03	4 (12/06)	
City & State				City & State			4. FEI Numbe	30-508	384/		oplied For of Applicable
Zip	Country			Zip Coun		try	<u> </u>	of Status Desired	_ F	8.75 Add ee Require	
	6. Name	and Address of Currer	nt Registe	red Agent		7. Name and Address of New Registered Agent					
OLIABI EE	344 DV					Name					
4669 BLUE	RIBBON			Street Address			(P.O. Box Number is Not Acceptable)				
MILTON, FL 32583									1 - 0 -		
						City			FL	Zip Cod	e
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_											
SIGITATION.	Signature, typed	or printed name of registered age	ent and title it o	applicable (NOT	E: Registere	o Agent signature require	rd when reinstaling)		DATE		<del></del>
FILE NOW!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
<u></u>		<del></del>			11.	<del></del>					=
10.	OFFICERS AND DIRECTORS					<del></del>	ADDITIONS/	CHANGES TO OFFI	CERS ANU		
NAME	P Delete CHARLES, MARK				TITE					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	1	FL 32583			-ST-ZIP						
TITLE	VP De				TITE	· · ·				☐ Change	☐ Addition
NAME	CHARLES, SONYA			L Dume	NAM						
STREET ADDRESS	1				STRE	ET ADDRESS					
CITY-ST-ZIP	MILTON, FL 32583			<del> </del>	ÇITY	-ST-ZIP					
TITLE	☐ Deicte 1117									Change	Aduition
NAME	_					E					
STREET ADDRESS CITY-ST-ZIP						et address -st-zip			_		
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME					NAM	1					
STREET ADORESS  CITY-ST-ZIP						ET ADURESS -ST-ZIP					
TITLE				Delete	lift					☐ Change	☐ Addition
NAME					NAM						
STREET ADDRESS City-St-Zip						ET AODRESS -ST-ZIP					
TITLE	1			☐ Delete	π	E				Change	Addition
NAME	NAA										
STREET ACCRESS						ET ADDRESS -S1-21P					
CITY-ST-ZIP		lada	- 245 - 45-1 - 49:				dia Chassa 240	N. Charles Charles 1	4	Laboration in	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 the empowered of the corporation of th											
changed, or on an attachmen) with an address, with all other like empowered.											
SIGNATURE: Juga & Charlow 1/1407											
1		MONATURE AND TYPED O	R PRINTED P	NAME OF BIGHING OFFICER	OR DIREC	TOR		Date	Ωa	vime Phone #	