## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2008 08:00 AN Secretary of State

ANNUALREPORT		
DOCUMENT # P0600 1. Entity Name OPUS HOLDING COMPANY,		
Principal Place of Business	Mailing Address	
2570 FOREST HILL BLVD.	2570 FOREST HILL BLVD.	

W. PALM BEACH, FL 33406

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## 01052008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3204770 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARSON, WAYNE DO NOT WRITE 2570 FOREST HILL BLVD. IN THIS SPACE W. PALM BEACH, FL 33406 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P,T TITLE CARSON, WAYNE STREET ADDRESS 2570 FOREST HILL BLVD. 01/09/08-80013-003 150.00 W. PALM BEACH, FL 33406 CITY-ST-ZIP IIILE S.D CARSON, WAYNE NAME 2570 FOREST HILL BLVD. STREET ADDRESS W. PALM BEACH, FL 33406 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS

12. Thereby 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 for 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:

CITY+ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5616428744