2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005359

City-St-Zip:

ORLANDO, FL 32828 US

FILED Jun 18, 2008 Secretary of State

Entity Name: OPTUME CORPORATION				
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
6753 KING ORLANDO	SPOINTE PARKWAY, SUITE #107 , FL 32819 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
6753 KING ORLANDO	SPOINTE PARKWAY, SUITE #107 , FL 32819 US			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ENGEL, MELINDA 1881 SOUTH HIGHWAY 17-92 LONGWOOD, FL 32750 US		SUITE 107	6753 KINGSPOINTE PARKWAY	
The above in the State	named entity submits this statement for th of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LAVINIA NETANE			06/18/2008	
Electronic Signature of Registered Agent		Agent	Date	
	e with s. 607.193(2)(b), F.S., the corporation did paign Financing Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete REALE, MAURICIO 1733 MORGAN'S MILL CIRCLE ORLANDO, FL 32825 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP,S () Delete NETANE, LAVINIA V 6424 HIDDEN DALE AVENUE ORLANDO, FL 32819 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP (X) Delete STIMLER, MICHAEL R 12472 LAKE UNDERHILL ROAD, #118	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: LAVINIA NETANE VΡ 06/18/2008