

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013581

Entity Name: OPTIMIZE, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2800 GLADES CIRCLE SUITE 115
WESTON, FL 33327

New Principal Place of Business:

2800 GLADES CIRCLE
SUITE 115
WESTON, FL 33327 US

Current Mailing Address:

2800 GLADES CIRCLE SUITE 115
WESTON, FL 33327

New Mailing Address:

2800 GLADES CIRCLE
SUITE 115
WESTON, FL 33327 US

FEI Number: 68-0672052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUIGBERTRAND, GERMINAL
2800 GLADES CIRCLE SUITE 115
WESTON, FL 33327 US

Name and Address of New Registered Agent:

PUIGBERTRAND, GERMINAL
2800 GLADES CIRCLE
SUITE 115
WESTON, FL 33327 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PUIGBERTRAND, GERMINAL
Address: 2800 GLADES CIRCLE SUITE 115
City-St-Zip: WESTON, FL 33327

Title: DST () Delete
Name: DE PUIGBERTRAND, IRENE G
Address: 2800 GLADES CIRCLE SUITE 115
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PUIGBERTRAND, GERMINAL
Address: 2800 GLADES CIRCLE SUITE 115
City-St-Zip: WESTON, FL 33327 US

Title: DST (X) Change () Addition
Name: DE PUIGBERTRAND, IRENE C
Address: 2800 GLADES CIRCLE SUITE 115
City-St-Zip: WESTON, FL 33327 US

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.

SIGNATURE: GERMINAL PUIGBERTRAND

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date