

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065051

Entity Name: OPUS UNLIMITED, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8951 BONITA BEACH RD, SE, SUITE 525 #118
BONITA BEACH, FL 34135

New Principal Place of Business:

8951 BONITA BEACH RD, SE
525 #118
BONITA BEACH, FL 34135

Current Mailing Address:

8951 BONITA BEACH RD, SE, SUITE 525 #118
BONITA BEACH, FL 34135

New Mailing Address:

19528 VENTURA BLVD
362
TARZANA, CA 91356

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
4
WESTON, FL 33331 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CHRISTENSEN, BLAKE
Address: 8951 BONITA BEACH RD, SE, SUITE 525 #118
City-St-Zip: BONITA BEACH, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BLAKE CHRISTENSEN

PTSD

05/01/2009

Electronic Signature of Signing Officer or Director

Date