2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED CR2E034 (11/05) No Chg-P Applied For Not Applicable \$8.75 Additional Port of the control o DO NOT WRITE IN THIS SPACE DATE

DOCUMENT # P93000032128	
1. Entity Name	
FLASH DATA, INC.	



Principal Place of Business

Employable of

8401 9TH ST N., #260

SAINT PETERSBURG, FL 33702 US

Mailing Address

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8401 9TH ST N., #260

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SAINT PETERSBURG, FL 33702

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Mar 19, 2007 08:00 AM **Secretary of State**

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4. FEI Number 65-0413926

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ANDREW, OPARA 8401 9TH ST N., #260 SAINT PETERSBURG, FL 33702

o.	The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.	I am lamiliar with, and accept
	the obligations of registered agent.	•

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE OPARA, ANDREW NAME STREET ADDRESS 8401 9TH ST N., #260 CITY-ST-ZIP SAINT PETERSBURG, FL 33702 03-U00000672006 03-28/07-80052-007-150-00 **DO NOT WRITE** TITLE D NAME OPARA, AMY S STREET ADDRESS 8401 9TH ST N., #260 SAINT PETERSBURG, FL 33702 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

And The best and a supplementation of the 12. I hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

AMY OFARA

3-16-07