2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 01, 2006 08:00 Al Secretary of State DOCUMENT # P94000084887 1. Entity Name OPUS MARKETING, INC. Principal Place of Business Mailing Address 3041 FAYE RD. 3041 FAYE RD. JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3279617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEVINTUNA, NEIL DO NOT WRITE 3986 CATTAIL POND CIRCLE WEST JACKSONVILLE, FL 32224 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD SEVINTUNA, NEIL NAME STREET ADDRESS 3041 FAYE RD JACKSONVILLE, FL 32226 CITY-ST-ZIP TITLE NAME SEVINTUNA, AVA U00000549338 STREET ADDRESS 3041 FAYE RD 05/13/06-80012-024 150.00 JACKSONVILLE, FL 32226 CiTY-ST-ZiP TITLE

DO NOT WRITE IN THIS SPACE

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 cath; 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:

NAME STREET ADDRESS

DD F NAME STREET ADDRESS CITY-ST-ZIP HILE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY - ST-ZIP