2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000036413

1. Entity Name

OPTIMUM REAL ESTATE CO., INC.



Principal Place of Business

Mailing Address

385 HWY 98E STF 102

STE 102 DESTIN, FL 32541 217 MAIN STREET Destin, FL 32541

FILED Feb 25, 2008 08:00 AM Secretary of State



02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3313884 Applied For Not Applicable

5: Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVENDER, WANDA B 217 MAIN STREET DESTIN, FL 32541

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVENDER NUTT, WANDA 922 BAMBI DR DESTIN, FL 32541				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000835712 02/29/08-80045-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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					

The early first in which made with this hind does not quarry to the exemptions contained in Chapter 19, Alorda Statutes. In the definition 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 oalh; 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:

SHAPURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OF DIRECTORY

2-14-08

850-837-4191

Daytime Phone #