
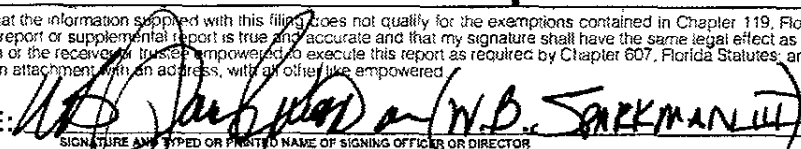


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000088444 1. Entity Name 1 OPAL, INC.		
Principal Place of Business 5121 GULF DRIVE PANAMA CITY BEACH, FL 32408 US		Mailing Address P.O. BOX 9898 PANAMA CITY BCH, FL 32417-9898
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPARKMAN, W.B. III 5125 GULF DRIVE PANAMA CITY BEACH, FL 32408		DO NOT WRITE 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, TONITA A 3503 MARINER DRIVE PANAMA CITY BEACH, FL 32408	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD SPARKMAN, W.B. III 8795 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an officer or trustee empowered.		
SIGNATURE:  (W.B. SPARKMAN III) 1/20/07 850/235-3555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3347420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000600305
01/26/07-80003-020 150.00