## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000030479**

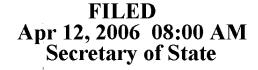
Entity Name
 OPTIMAL TECHNOLOGIES, INC.

Principal Place of Business



Mailing Address

536 WATERSCAPE WAY 536 WATERSCAPE WAY ORLANDO, FL 32828 ORLANDO, FL 32828





DO NOT WRITE IN THIS SPACE 4. FEIN

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3371920

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BANTA, DAVID 536 WATERSCAPE WAY ORLANDO, FL 32828

## DO NOT WRITE IN THIS SPACE

		<b> </b>				
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	:
SIGNATURE.	Signature, typed or printed name of registered agent and title in	rapplicable. (NOTE: Registered /	lgent signature	required when remstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May 8 Added to Fees		\$5.00 May Be Added to Fees	11000000503516 04/26/06-80036-003 150.90	
10.	OFFICERS AND DIREC	TORS			<b>€</b> 1 (1)	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BANTA, DAVID S 536 WATERSCAPE WAY ORLANDO, FL 32828		-			
TITLE NAME STREET AGORESS CITY-ST-ZIF						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WRITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certily that the information supplied with this fitting 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR BUTHED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DOWN DOWN DOWN DAY OF SIGNING OFFICER OR DIRECTOR