

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094635

Entity Name: OPM ENTERPRISES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

P O BOX 2886
4260 FT. DENAUD RD
LABELLE, FL 33975

New Principal Place of Business:

4260 FORT DENAUD RD.
LABELLE, FL 33975

Current Mailing Address:

P O BOX 2886
4260 FT. DENAUD RD
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0717168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOYD, WILLARD
4260 FT DENAUD RD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOYD, WILLARD
Address: P O BOX 2886
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: LOYD, GLORIA
Address: P O BOX 2886
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOYD, WILLARD
Address: P O BOX 2886
City-St-Zip: LABELLE, FL 33975

Title: D (X) Change () Addition
Name: LOYD, GLORIA
Address: P O BOX 2886
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA LOYD

VP

04/06/2009

Electronic Signature of Signing Officer or Director

Date