2004 FOR PROFIT CORPORATION

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FILED ANNUAL REPORT Apr 08, 2004 08:00 AM - Secretary of State **DOCUMENT # P97000014765** OPTIMUM CONSULTING, INC. Principal Place of Business Making Address 306 BLUE JACKET LANE 306 BLUE JACKET LANE ORLANDO, FL 32825 ORLANDO, FL 32825 04052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2026690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, LUIS F DO NOT WRITE 3012 E ROBINSON ST ORLANDO, FL 32803 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, typedier printed name of registered agent and sale 4 approaches. (HCTE, Registered Agent agretise on and the time trends ag) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000106337 <u>04/08/04-80036-021</u> OFFICERS AND DIRECTORS 10. MLE GAUMIER, ALAIN NAME STREET ADDRESS 306 BLUE JACKET LANE CRTY-ST-ZIP ORLANDO, FL 32825 MARKE STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE ЯΠΙΡ KAME STREET ADDRESS CITY ST ZE TITLE NAME. STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutës, 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 it 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 in an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZP

EIGNATURE AND TYPED OR PRINTED MAKE OF SIGHING OFFICER OR DIRECTOR