2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000046388 1. Entity Name

OPM DEVELOPMENT CORP.



Principal Place of Business

3201 N.W. 26TH COURT BOCA RATON, FL 33434 Mailing Address

3484 DU MUSEE MONTREAL, QC H3G2C-7 CA

FILED Jan 15, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01102008 No Chg-P

4. FEI Number 65-0757268

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AHERN, FRED L JR. 2215 S THIRD ST **SUITE 101**

JACKSONVILLE BEACH, FL 32250-1

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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHATTAS, SERGE 3201 N.W. 26TH COURT BOCA RATON, FL 33434			U00000784836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESPOUX, THIERRY 3201 N.W. 26TH COURT BOCA RATON, FL 33434			01/16/08-80068-025 150.00
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	•			

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 andress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR