2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# P98000055024

Entity Name: OPPORTUNITY SALES, INC.

Current Principal Place of Business:

598 ARMISTEAD BLVD.
HOLT, FL 32564

New Principal Place of Business:

537 WEST HIGHWAY 90
HOLT, FL 32564

Current Mailing Address:

598 ARMISTEAD BLVD.
HOLT, FL 32564

New Mailing Address:

P. O. BOX 39
HOLT, FL 32564

FEI Number: 59-3515245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, ROBERT M II
598 ARMISTEAD BLVD.
HOLT, FL 32564 US

Name and Address of New Registered Agent:

HUDSON, ROBERT M II
537 WEST HIGHWAY 90
HOLT, FL 32564 US

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: ROBERT M. HUDSON, II 03/23/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HUDSON, ROBERT M II
Address: 598 ARMISTEAD BLVD.
City-St-Zip: HOLT, FL 32564

Title: VPSD ( ) Delete
Name: SHUFFLER, JOHN M
Address: 598 ARMISTEAD BLVD.
City-St-Zip: HOLT, FL 32564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: HUDSON, ROBERT M II
Address: 537 WEST HIGHWAY 90
City-St-Zip: HOLT, FL 32564

Title: VPSD (X) Change ( ) Addition
Name: SHUFFLER, JOHN M
Address: 537 WEST HIGHWAY 90
City-St-Zip: HOLT, FL 32564

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. HUDSON, II PTD 03/23/2006
Electronic Signature of Signing Officer or Director Date