

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90146 028 ***150.00

DOCUMENT # P98000058266 1. Entity Name OPTIMAL ENGINEERING SOLUTIONS, INC.					
Principal Place of Business 6607 DENEAH CT. PORT ORANGE, FL 32128 US			Mailing Address 6607 DENEAH CT. PORT ORANGE, FL 32128 US		
2. Principal Place of Business Suite, Apt. #, etc. 970 S. Glenwood Dr City & State Deland, FL Zip 32720 Country USA		3. Mailing Address Suite, Apt. #, etc. 970 S. Glenwood Dr City & State Deland, FL Zip 32720 Country USA			
4. FEI Number 59-3546399		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OSBORNE, DEBORAH M 6607 DENEAH CT. PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Deborah M Osborne</u> <u>Deborah M Osborne</u> <u>3/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, DEBORAH M 6607 DENEAH CT. PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 970 S Glenwood Dr. Deland, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEORGE, JOHN H 693 MARINA POINT DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1307 Coconut Palm Circle Port Orange, FL 32128		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>Deborah M Osborne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/4/05</u> <small>Date</small>		<u>386 299-8524</u> <small>Daytime Phone #</small>	