2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000069910

1. Entity Name
OPTORET CORPORATION



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

1821-6 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 Mailing Address PO BOX 2184

YULEE, FL 32041-2184



DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3527793

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERCASH, KENNETH W 1821-6 PARENTAL HOME ROAD JACKSONVILLE, FL 32216

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

IN THIS SPACE

the obligati	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE R	logistered Agent aignature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	U00000903063 05/06/08~80055-004 150.00	
10.	OFFICERS AND DIREC	TORS	į,			_
TITLE :	PD					
NAME	OVERCASH, KENNETH W		·			
STREET ADDRESS	1821-6 PARENTAL HOME ROAD					
CITY-ST-ZIP	JACKSONVILLE, FL 32216					
TITLE	VSTD					
NAME	OVERCASH, CHERYL V					
STREET ADDRESS	1821-6 PARENTAL HOME ROAD					
CITY-ST-ZIP	JACKSONVILLE, FL 32216					
TITLE						
NAME						1
STREET ADDRESS				D0	NOT WOITE	
CITY-ST-ZIP				טע	NOT WRITE	

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

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 address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 Date

904-321-0850