
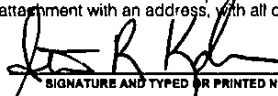


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S68447</b>		
1. Entity Name NBN-OPH, INC.		
Principal Place of Business 500 E BROWARD BLVD. S-1950 FT. LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD. S-1950 FT. LAUDERDALE, FL 33394	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01222007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0274461		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
HAMAWAY, MICHAEL P C/O MOMBACH, BOYLE & HARDIN PA 500 E BROWARD BLVD SUITE 1950 FT. LAUDERDALE, FL 33394		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMELHAIR, STEVEN R. 7260 SW 7TH ST. PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEMEROFSKY, STEPHEN L. 6121 BANYON TERRACE PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLNICK, AUDIE M. 3497 DERBY LN WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <b>Steven R Kamelhair</b>		1/25/07 954 797 4924 <small>Date Daytime Phone #</small>