FILED
May 04, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V59161

1. Entity Name
OPS, INC.

Principal Place of Business	Mailing Address
485 JOYCE LANE ARNOLD, MD 21012 US	PO BOX 561 ARNOLD, MD 21012 US

DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0362994
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARK E
1001 SOUTH MCDILL AVE
TAMPA, FL 33629

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	IRENE ATHANS
STREET ADDRESS	3030 GRAND BAY BLVD APT 3103
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	P
NAME	ATHANS, DEMETRIOS N.
STREET ADDRESS	485 JOYCE LANE
CITY-ST-ZIP	ARNOLD, MD 21012
TITLE	D
NAME	CAMPBELL, MARK D
STREET ADDRESS	333 WEST HAMPDEN (SUITE 810)
CITY-ST-ZIP	ENGLEWOOD, CO 80110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80015-014 150.00

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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: Demetrios N. Athans DEMETRIOS N. ATHANS 5-1-07 410 647-7576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #