

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001363

Entity Name: OPTERRA SOLUTIONS, INC.**Current Principal Place of Business:**1159 FLOWERS ROAD
GILBERT, SC 29054**Current Mailing Address:**1159 FLOWERS ROAD
GILBERT, SC 29054 US**FEI Number:** 57-0851059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HWY 1
NORTH PALM BEACH, FL 33408 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:** SEAN ARNO, SPECIAL SECRETARY

04/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OWNER & DIRECTOR
Name KELLIS, ROM D III
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title GENERAL MANAGER
Name LANE, JASON
Address 4134 HWY 441 S
City-State-Zip: LAKE CITY FL 32025

Title CEO
Name HOOK , NICHOLAS
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title COO
Name DANIEL , LANCE C.
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title CFO, TREASURER, SECRETARY
Name HUGHES , THOMAS
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title DIRECTOR
Name KELLIS, ROM D. IV
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title DIRECTOR
Name KELLIS, ROBIN
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

Title DIRECTOR
Name KELLIS, RHETT
Address 1159 FLOWERS ROAD
City-State-Zip: GILBERT SC 29054

I hereby 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 all other like empowered.

SIGNATURE: THOMAS HUGHES**SECRETARY, BY JULIE
PHILLIPS, ATTORNEY-IN-
FACT**

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date