

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007820

FILED
Apr 14, 2007
Secretary of State

Entity Name: K.O.P.S. INTERNATIONAL, INC.

Current Principal Place of Business:

906 WILLOWOOD
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

906 WILLOWOOD
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-3753872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, CLARE S REV.
906 WILLOWOOD LANE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELASH, KATHY MRS.
Address: 205 KATHERINE BLVD. #1106
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D () Delete
Name: ELKINS, PATRICIA MRS.
Address: 722 CORDOVA GREENS STREET
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: NOEL, GEORGE MR.
Address: 812 8TH AVE. NW
City-St-Zip: LARGO, FL 33770 US

Title: P/D () Delete
Name: YOUNG, CLARE S REV.
Address: 906 WILLOWOOD LANE
City-St-Zip: DUNEDIN, FL 34698 US

Title: V/T () Delete
Name: YOUNG, DAVID A MR.
Address: 906 WILLOWOOD LANE
City-St-Zip: DUNEDIN, FL 34698 US

Title: S/D () Delete
Name: FOUNTAIN, LINDA MS.
Address: 316 HILLSBOROUGH STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARE S. YOUNG

P/D

04/14/2007

Electronic Signature of Signing Officer or Director

Date