2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90010 026 ****61.25

DOCUMENT # 767703

1. Entity Name

OPERATION ASSISTANCE (JAMAICA), INC.

Principal Place of Business	Mailing Address
9050 BLIND PASS ROAD SUITE 10 ~~SAINT PETERSBURG FL~~ 33706 St Pete Beach FL 33706 *	9050 BLIND PASS ROAD SUITE 10 ~~SAINT PETERSBURG FL~~ 33706 St Pete Beach FL 33706 *

1st MOORE CR2E037 (10/07)

P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2336890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOTHIAN, FABIAN S. 9050 BLIND PASS ROAD SUITE 10 ~~SAINT PETERSBURG~~ FL 33706 St Pete Beach FL 33706 *	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOTHIAN, FABIAN S. 9050 BLIND PASS ROAD #10 St Pete Beach FL 33706 *	☐ Delete	TITLE / NAME / STREET AD / CITY-ST-Z	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCOTT, JASPER A 3242 SAN PEDRO STREET CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADI / CITY-ST-Z	ange ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, CONRAD C 909 LAKE SAPPHIRE LANE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADI / CITY-ST-ZI	ange ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOTHIAN, ESMINE A. 9050 BLIND PASS ROAD #10 St Pete Beach FL 33706 *	☐ Delete	TITLE / NAME / STREET ADD / CITY-ST-ZI	nge ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

* Please note correction on city – Saint Pete Beach

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Fabian S. Lothian – Fabian S. Lothian January 31,2008/727-363-2099