

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767703

FILED
Jan 14, 2010
Secretary of State

Entity Name: OPERATION ASSISTANCE (JAMAICA), INC.

Current Principal Place of Business:

9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706

New Principal Place of Business:

Current Mailing Address:

9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706

New Mailing Address:

FEI Number: 59-2336890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTHIAN, FABIAN S.
9050 BLIND PASS ROAD
SUITE 10
ST. PETE BCH, FL 33706 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: PD
Name: LOTHIAN, FABIAN S.
Address: 9050 BLIND PASS ROAD #10
City-St-Zip: ST. PETE BCH, FL 33706

Title: VSD
Name: SCOTT, JASPER A
Address: 3242 SAN PEDRO STREET
City-St-Zip: CLEARWATER, FL 33759

Title: D
Name: CAMPBELL, CONRAD C
Address: 909 LAKE SAPPHIRE LANE
City-St-Zip: LUTZ, FL 33549

Title: TD
Name: LOTHIAN, ESMINE A.
Address: 9050 BLIND PASS ROAD #10
City-St-Zip: ST. PETE BCH, FL 33706

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FABIAN S. LOTHIAN

PD

01/14/2010

Electronic Signature of Signing Officer or Director

Date