FILED
Apr 10, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006023

1. Entity Name
SPECIAL OPERATIONS ASSOCIATES, INC. OF NEVADA

Principal Place of Business	Mailing Address
751 FLAMINGO DR. APOLLO BEACH, FL 33572	3405 CAMBRIDGE ST. LAS VEGAS, NV 89109

02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0268603
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURGE, JON G
751 FLAMINGO DR.
APOLLO BEACH, FL 33572

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THEEL, JOHN
STREET ADDRESS	4610 E ST. LOUIS
CITY-ST-ZIP	LAS VEGAS, NV 89104
TITLE	ST
NAME	HOWE, VICKI
STREET ADDRESS	2607 ASHMORE DR
CITY-ST-ZIP	HENDERSON, NV 89074
TITLE	CD
NAME	STROCCHIA, LYNN
STREET ADDRESS	2864 PATRIOR PARK PLACE
CITY-ST-ZIP	HENDERSON, NV 89052
TITLE	D
NAME	SYRING, JACKIE
STREET ADDRESS	2001 S. JONES #H
CITY-ST-ZIP	LAS VEGAS, NV
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80089-007 150.00

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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: John R Theel 4/6/06 7024593721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #