2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005
Secretary of State

DOCUMENT# N02000003638

Entity Name: OPERATION PROVISION INTERNATIONAL, INC.

Current Principal Place of Business:

1177 ORANGE GROVE LN
APOPKA, FL 32712

New Principal Place of Business:

174 SEMORAN COMMERCE PL.
SUITE 123
APOPKA, FL 32703

Current Mailing Address:

1177 ORANGE GROVE LN
APOPKA, FL 32712

New Mailing Address:

FEI Number: 46-0482696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEFF, JAMES E
1177 ORANGE GROVE LN
APOPKA, FL 32712 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: DS ( ) Delete
Name: NEFF, BARBARA
Address: 1177 ORANGE GROVE LN
City-St-Zip: APOPKA, FL 32712

Title: DV ( ) Delete
Name: ATKINS, RUSSELL
Address: 221 MASTERS BLVD
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: ROBERTSON, KEN
Address: 178 MOONBEAM RD
City-St-Zip: APOPKA, FL 32712

Title: P ( ) Delete
Name: NEFF, JAMES E
Address: 1177 ORANGE GROVE LN
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete
Name: ROBERTSON, CINDY
Address: 178 MOONBEAM RD
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: ZAPATA, MARY J
Address: 4021 DELVIN DR.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES E. NEFF P 02/12/2005

Electronic Signature of Signing Officer or Director — Date