## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007824

Entity Name: OPERATION BIG VOTE, INC.

Apr 25, 2007 Secretary of State

700 CYPRESS POINTE DR EAST PEMBROKE PINES, FL 330271353 US

**Current Mailing Address: New Mailing Address:** 

700 CYPRESS POINTE DR EAST PEMBROKE PINES, FL 330271353 US

FEI Number: 20-1374747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYE, DEBRA B 700 CYPRESS POINTE DR EAST PEMBROKE PINES, FL 330271353 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MAYE, DEBRA B MAYE, DEBRA B Name: Name: 700 CYPRESS POINTE DR EAST Address: 700 CYPRESS POINTE DR EAST Address:

City-St-Zip: PEMBROKE PINES, FL 330271353 US City-St-Zip: PEMBROKE PINES, FL 330271353 US

Title: Title: (X) Change ( ) Addition ( ) Delete Name: MAYE, EARL L SR Name: MAYE, EARL L SR

Address: 700 CYPRESS POINTE DR EAST Address: 700 CYPRESS POINTE DR EAST City-St-Zip: PEMBROKE PINES, FL 330271353 US City-St-Zip: PEMBROKE PINES, FL 330271353 US

Title: () Delete Title: S/T (X) Change ( ) Addition MAYE, TIFFANY T MAYE, TIFFANY T Name: Name:

700 CYPRESS POINTE DR EAST Address: Address: 700 CYPRESS POINTE DR EAST City-St-Zip: PEMBROKE PINES, FL 330271353 US City-St-Zip: PEMBROKE PINES, FL 330271353 US

( ) Delete Title: Title: S/T (X) Change ( ) Addition

Name: MAYE, EARL L II Name: MAYE, EARL LII

700 CYPRESS POINTE DR EAST 700 CYPRESS POINTE DR EAST Address: Address: City-St-Zip: PEMBROKE PINES, FL 330271353 US City-St-Zip: PEMBROKE PINES, FL 330271353 US

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA B MAYE Ρ 04/25/2007