2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N03000007444

Entity Name: OPERATION SHOEBOX USA INC.

Current Principal Place of Business:

7140 EAST HIGHWAY 25
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

7140 EAST HIGHWAY 25
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 05-0563342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, MARY
7140 EAST HIGHWAY 25
BELLEVIEW, FL 34420 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: PTD ( ) Delete
Name: HARPER, MARY
Address: 7140 EAST HIGHWAY 25
City-St-Zip: BELLEVIEW, FL 34420

Title: VD ( ) Delete
Name: OTERO, JULIE
Address: 12195 SE 72ND COURT ROAD
City-St-Zip: BELLEVIEW, FL 34420

Title: SD ( ) Delete
Name: DECHRISTOFARO, SANDY
Address: 920 CAMINO DEL REY DR
City-St-Zip: THE VILLAGES, FL 32159

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARPER, MARY
Address: 7140 EAST HIGHWAY 25
City-St-Zip: BELLEVIEW, FL 34420

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: WILKINS, JEAN
Address: 911 CAMINO DEL REY DR
City-St-Zip: THE VILLAGES, FL 32159

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: MARY HARPER PD 04/24/2007

Electronic Signature of Signing Officer or Director — Date