


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008693 1. Entity Name OPERATION PURPOSE, INC.	
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Principal Place of Business 18709 US HWY 41 SPRING HILL, FL 34610	Mailing Address PO BOX 311453 TAMPA, FL 33680-1453
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 57-1191076	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, JANICE
18709 US HWY 41
SPRING HILL, FL 34610

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, JANICE 6209 N 22 STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FIRLOW, CYNTHIA 2611 E 25TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MITCHELL, XAVIER 3910 E JEAN STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BAKER, JANICE 6209 N 22 STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/06-80048-006 70.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:  **4/4/06** **813-2367820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #