2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009860

FILED Mar 20, 2009 Secretary of State

Entity Name: OPERATION PRODUCTIVE ENDEAVOR, INC.

Current Principal Place of Business:			New Principal Place of Business:		
2225 E. 10 TAMPA, FI	9TH AVENUE L 33612				
Current Mailing Address:			New Mailing Address:		
2225 E. 10 TAMPA, FI	9TH AVENUE L 33612				
FEI Number:	20-0429592	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
PIERRE, A 2225 E. 10 TAMPA, FI	9TH AVENUE	3			
	named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DAVY, DANIEL 7220 YARDLEY TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COLLINS, RASH 8501 N. 50TH S TAMPA, FL 336	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	HUGHES, CARL		Title: Name:	() Change () Addition	
Name: Address: City-St-Zip:	6417 CANOPY TAMPA, FL 336		Address: City-St-Zip:		
Address:	TAMPA, FL 336	510 Delete VN L R CT.		()Change ()Addition	

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: ANNE PIERRE PRES 03/20/2009