

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004416

FILED
Apr 21, 2006
Secretary of State

Entity Name: OPERATION EMPOWERMENT, INC.

Current Principal Place of Business:

39132 COUNTY RD 54
#2062
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

3402 SHERRY DRIVE
BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 1163
ZEPHYRHILLS, FL 33539

New Mailing Address:

3402 SHERRY DRIVE
BRANDON, FL 33511

FEI Number: 13-4279676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, LEIGH A
39132 COUNTY RD 54
#2062
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

SIMMONS, LEIGH A
3402 SHERRY DR.
BRANDON, FL 33511 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:

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMONS, LEIGH A
Address: 39132 COUNTY RD 54 #2062
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: V () Delete
Name: COCHRAN, MICHAEL P
Address: 15420 LIVINGSTON AVE #1201
City-St-Zip: LUTZ, FL 33559

Title: S () Delete
Name: SIMMONS, LEIGH A
Address: 39132 COUNTY RD 54 #2062
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T () Delete
Name: BELLAR, ASHLEE B
Address: 39132 COUNTY RD 54
City-St-Zip: ZEPHYRHILLS, FL 44654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMMONS, LEIGH A
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V (X) Change () Addition
Name: COCHRAN, MICHAEL P
Address: 2903 L MINNESOTA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: S (X) Change () Addition
Name: SIMMONS, LEIGH A
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: T (X) Change () Addition
Name: KEESLER, MELANIE
Address: 2903 L MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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: LEIGN SIMMONS

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date