

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010703

FILED
May 02, 2007
Secretary of State

Entity Name: OPERATION JUST GRATITUDE INC.

Current Principal Place of Business:

1100 SOUTH DELANEY AVE.
#F-309
ORLANDO, FL 32806 US

New Principal Place of Business:

5326 LEMON TWIST LANE
WINDERMERE, FL 34786 US

Current Mailing Address:

5326 LEMON TWIST LANE
WINDERMERE, FL 34786 US

New Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
#308
WINDERMERE, FL 34786 US

FEI Number: 59-3789628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POSADA, RODRIGO
715 N BEL AIR DRIVE
PLANTATION, FL 33317 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: P () Delete
Name: PALOW, JAMES A
Address: 5326 LEMON TWIST LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP () Delete
Name: PALOW, IRENE
Address: 13750 BLUEBIRD POND ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: S () Delete
Name: PALOW, NICOLE
Address: 13750 BLUEBIRD POND ROAD
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES A PALOW

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date