

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005529

FILED
Apr 28, 2006
Secretary of State

Entity Name: OPERATION BACKPACK, INC.

Current Principal Place of Business:

421 DAYTONA AVENUE
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

421 DAYTONA AVENUE
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISPOLI, LISA D
421 DAYTONA AVE
HOLLY HILL, FL 32117 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: RISPOLI, LISA D
Address: 421 DAYTONA AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: VP () Delete
Name: RISPOLI, MICHAEL J
Address: 421 DAYTONA AVE
City-St-Zip: HOLLY HILL, FL 32117 US

Title: TRES () Delete
Name: FIORETTI, JOSEPH
Address: 1648 RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SECR () Delete
Name: ARFAOUI, BETHANY
Address: 1648 WOODCREST DR
City-St-Zip: DAYTONA BEACH, FL 32119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: FIORETTI, JOSEPH
Address: 700 RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SECR (X) Change () Addition
Name: GOULD, BETHANY
Address: 10411 SHORTCUT ROAD
City-St-Zip: WEEDSPORT, NY 13166 US

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: LISA D. RISPOLI

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date