

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008989

FILED  
May 05, 2007  
Secretary of State

Entity Name: OPERATION SUNFLOWER, INC.

## Current Principal Place of Business:

400 NW 141 AVENUE  
108  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

12129 S/W 11TH CT  
BLDG 56  
PEMBROKE PINES, FL 33025

## Current Mailing Address:

400 NW 141 AVENUE  
108  
PEMBROKE PINES, FL 33028

## New Mailing Address:

12129 S/W 11TH CT  
BLDG 56  
PEMBROKE PINES, FL 33025

FEI Number: 20-2054039      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:

JADOTTE, SUZETTE  
400 NW 141 AVENUE  
108  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

JADOTTE, SUZETTE  
12129 S/W 11TH CT  
BLDG 56  
PEMBROKE PINES, FL 33025 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: SMJADOTTE

05/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, ADRIENNE  
Address: 9313 WEST VOGEL AVE  
City-St-Zip: PEORIA, AZ 85345 US

Title: V ( ) Delete  
Name: OTERO, BEVERLY  
Address: 7388 SIK DEER WAY  
City-St-Zip: FT. MYERS, FL 33912 US

Title: S ( ) Delete  
Name: ELLIOTT, KATHERYN M  
Address: 5052 HAMPSHIRE DR.  
City-St-Zip: FAYETTEVILLE, NC 28311 US

Title: D ( ) Delete  
Name: JULES, LEONARD  
Address: P.O. BOX 9022  
City-St-Zip: LOS ANGELES, CA 90009 US

Title: T ( ) Delete  
Name: GIBBENS, DONAVON A  
Address: 3637 WESTOVER RD.  
City-St-Zip: WESTOVER, AL 35147 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:

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: KATHRYN M ELLIOTT

S

05/05/2007

Electronic Signature of Signing Officer or Director

Date