

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012359

FILED
May 01, 2007
Secretary of State

Entity Name: OPERATION FULL THROTTLE, INC.

Current Principal Place of Business:

4327 S HWY 27 STE 171
CLERMONT, FL 34711

New Principal Place of Business:

1521 ALTON ROAD
SUITE 368
MIAMI BEACH, FL 33139

Current Mailing Address:

995-N NW 17TH AVE
DELRAY BCH, FL 33445

New Mailing Address:

955-N NW 17TH AVE
DELRAY BCH, FL 33445

FEI Number: **FEI Number Applied For (X)** **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:

VENTRY, LYNNE K
995-N NW 17TH AVE
DELRAY BCH, FL 33445 US

Name and Address of New Registered Agent:

VENTRY, LYNNE K
955-N NW 17TH AVE
DELRAY BCH, FL 33445 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:

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHOCKLEY, ANTHONY
Address: 4327 S HWY 27 STE 171
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SHOCKLEY, ANTHONY
Address: 1521 ALTON ROAD, SUITE 368
City-St-Zip: MIAMI BEACH, FL 33139

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: ANTHONY SHOCKLEY

C

05/01/2007

Electronic Signature of Signing Officer or Director

Date