2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N07000009529

Entity Name: OPERATION SAFE PASSAGE INC.

Current Principal Place of Business:

5833 W OAKLAND PARK BLVD STE 144
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

5833 W OAKLAND PARK BLVD STE 144
LAUDERHILL, FL 33313

New Mailing Address:

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

Name and Address of Current Registered Agent:

COOPER, MARY
500 NW 9TH STREET
HALLANDALE, FL 33009 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: DP ( ) Delete
Name: COOPER, MARY
Address: 5833 W OAKLAND PARK BLVD STE 144
City-St-Zip: LAUDERHILL, FL 33313

Title: DV ( ) Delete
Name: VERNON, GINA
Address: 5833 W OAKLAND PARK BLVD STE 144
City-St-Zip: LAUDERHILL, FL 33313

Title: DS ( ) Delete
Name: WILSON, TONYA
Address: 5833 W OAKLAND PARK BLVD STE 144
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete
Name: BRADLEY, TENECIA
Address: 5833 W OAKLAND PARK BLVD STE 144
City-St-Zip: LAUDERHILL, FL 33313

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:

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: MARY LINDA COOPER DP 04/18/2008
Electronic Signature of Signing Officer or Director — Date