2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000003059

Entity Name: OPERATION CLEAN START, INC.

Current Principal Place of Business:

1027 E FORT KING STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1027 E FORT KING STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-2311477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWLOWSKI, WILLIAM
1027 E FORT KING STREET
OCALA, FL 34471 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: POWLOWSKI, WILLIAM
Address: 2328 SE 18TH CIRCLE
City-St-Zip: OCALA, FL 34471

Title: DV ( ) Delete
Name: POWLOWSKI, ROBERTA
Address: 2328 SE 18TH CIRCLE
City-St-Zip: OCALA, FL 34471

Title: DT ( ) Delete
Name: KREINBROOK, DAVID
Address: 2711 SE 11TH AVE
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: MARTINE, VICKI
Address: 11 SE 11TH AVE
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: CLARK, DAVID
Address: P O BOX 6315
City-St-Zip: OCALA, FL 34478 US

Title: ST (X) Change ( ) Addition
Name: MARTINE, VICKI
Address: 11 SE 11TH AVE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Change (X) Addition
Name: CURINGTON, DAVID
Address: 2652 NE 24 STREET
City-St-Zip: OCALA, FL 34480 US

Title: D ( ) Change (X) Addition
Name: JOHNSON, JOHNNY
Address: 5066 SE 64 AVE ROAD
City-St-Zip: OCALA, FL 34472 US

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: WILLIAM POWLOWSKI PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date