2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48519

FILED Apr 30, 2007 Secretary of State

Entity Name: NEW OPERATION COOPER STREET, INC.

Current Principal Place of Business: New Principal Place of Business: 650 MARY ST PUNTA GORDA, FL 33950 LIS **Current Mailing Address: New Mailing Address:** 650 MARY ST PUNTA GORDA, FL 33950 US FEI Number: 65-0329777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAINES, JEFF JR LYNCH, BRENDA 650 MARY ST 650 MARY ST PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US 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: BRENDA LYNCH 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KLEIN, DAVID KLEIN, DAVID Name: Name: 1620 TAMIAMI TRIAL SUITE 101 Address: 1620 TAMIAMI TRIAL SUITE 101 Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: Title: () Delete () Change () Addition MURPHY, JOHN Name: Name: Address: 834 PAMELA DR Address: City-St-Zip: PUNTA GORDA, FL City-St-Zip: Title: () Delete Title: () Change () Addition KIAH, DONALD Name: Name: 3818 WHIPPOORWILL BLVD. Address: Address: City-St-Zip: PUNTA GORDA, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: ANDREWS, ROBERT 1530 SUZI STREET Address: Address: City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33950 Title: () Delete Title: () Change (X) Addition LYNCH, BRENDA Name: Name: 103 W. MARION AVENUE Address: Address: City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33950 Title: () Delete Title: () Change (X) Addition ROGELIO, MANNING Name: Name: Address: Address: 214 CASTILE CT. PUNTA GORDA, FL 33983 City-St-Zip: 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: JOHN MURPHY P 04/30/2007