2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007
Secretary of State

DOCUMENT# N98000006389

Entity Name: OPERATIONS REACH OUT ACROSS MIAMI, INC.

Current Principal Place of Business:

1956 NW 183RD STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1956 NW 183RD STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0882734 **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:

FRANCIS, JAMES N
1956 NW 183RD STREET
MIAMI, FL 33056 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: BSVD ( ) Delete
Name: BEISEL, KATHLEEN
Address: 10315 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: EDRA ( ) Delete
Name: COCKIN, STEPHEN
Address: 311 NW 201 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DA ( ) Delete
Name: JOHNSON, SYDNEY
Address: 5213 SW 118TH AVE
City-St-Zip: COOPER CITY, FL 33330

Title: ST ( ) Delete
Name: GRANT, INEZ
Address: 15837 WAVERLEY MANOR
City-St-Zip: DAVIE, FL 33331

Title: SCS ( ) Delete
Name: CHRISTIE, MARLANDO
Address: 1190 NE 163RD STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: PDCE ( ) Delete
Name: FRANCIS, JAMES N
Address: 19700 NE 22ND AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EDRA (X) Change ( ) Addition
Name: SCOTT, DELVIN
Address: 3024 NW 174 TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

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: JAMES N FRANCIS DR 06/28/2007

Electronic Signature of Signing Officer or Director — Date