2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006368

Apr 23, 2008 00006368 Secretary of State

Entity Name: OPERATION LIGHTFORCE, INC.

Current Principal Place of Business: New Principal Place of Business: 2310 LEONARD DR. 733-B W. LUMSDEN RD. BRANDON, FL 33511 SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 2310 LEONARD DR. 733-B W. LUMSDEN RD. SEFFNER, FL 33584 BRANDON, FL 33511 FEI Number: 65-0932719 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: MULL, RICHARD 2310 LEONARD DR US SEFFNER, FL 33584 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MULL. RICHARD Name: Name: 2310 LEONARD DR Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WOLF, THOMAS Name: Address: 709 GUISANDO DR. AVILA Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: () Change () Addition BARTHOLOMEW, MARE Name: Name: 9501 PALM RIVER RD Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: FIORITTO, LOU Name: 2207 SANDON RD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition HAYES, RICHARD Name: Name: 102 W WHITING ST #300 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition MULL. THOMAS G Name: Name: Address: 1005 SANDLEWOOD DRIVE Address: PLANT CITY, FL 33566 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: RICHARD MULL PD 04/23/2008

FILED