2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006368

Entity Name: OPERATION LIGHTFORCE, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 733-B W. LUMSDEN RD. BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 733-B W. LUMSDEN RD. 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 SEFFNER, FL 33584 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: 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: (X) Change () Addition BARTHOLOMEW, MARE Name: SULLIVAN, BARRY Name: 9501 PALM RIVER RD 15904 RACE TRACK RD. Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: ODESSA, FL 33556 Title: DC () Delete Title: D (X) Change () Addition Name: FIORITTO, LOU Name: KOBEL, ED 2207 SANDON RD Address: Address: 4934 ST. CROIX DR. City-St-Zip: DOVER, FL 33527 City-St-Zip: TAMPA, FL 33629 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 MR. 04/13/2009