

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000158067

FILED  
Nov 30, 2006  
Secretary of State

Entity Name: BLACK OPS PERFORMANCE INC.

## Current Principal Place of Business:

PO BOX 23 8433  
COCOA, FL 329238433

## New Principal Place of Business:

4793 FAIRSUN ST  
COCOA, FL 32927

## Current Mailing Address:

PO BOX 23 8433  
COCOA, FL 329238433

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILHELM, RYAN  
12139 WATERSTONE CT  
APT 716  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

STAGNITTA, JOHN S VP  
4793 FAIRSUN ST  
COCOA, FL 32927 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: JOHN S STAGNITTA

11/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete  
Name: SMITH, NICHOLAS A  
Address: 9012 REYES CT  
City-St-Zip: ORLANDO, FL 32836

Title: PS ( ) Delete  
Name: WILHELM, RYAN  
Address: 12139 WATERSTONE CT, APT. 716  
City-St-Zip: ORLANDO, FL 32825

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: SMITH, NICHOLAS A  
Address: 9012 REYES CT  
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change ( ) Addition  
Name: STAGNITTA, JOHN S  
Address: 4793 FAIRSUN ST  
City-St-Zip: COCOA, FL 32927

Title: VP ( ) Change (X) Addition  
Name: SPEISER, PHILIP J  
Address: 9246 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STAGNITTA

VP

11/30/2006

Electronic Signature of Signing Officer or Director

Date