

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094264

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: SPECIAL OPERATIONS SERVICES, INC.

**Current Principal Place of Business:**

16135 NORTHWEST 162ND TERRACE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

16135 NORTHWEST 162ND TERRACE  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALISI, DAWN  
16135 NORTHWEST 162ND TERRACE  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

FALISI, DAWN M  
16135 NORTHWEST 162ND TERRACE  
WILLISTON, FL 32696 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: DAWN FALISI

07/06/2009

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: D ( ) Delete  
Name: FALISI, DAWN  
Address: 16135 NORTHWEST 162ND TERRACE  
City-St-Zip: WILLISTON, FL 32696

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: FALISI, DAWN M  
Address: 16135 NORTHWEST 162ND TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: PRES ( ) Change (X) Addition  
Name: FALISI, ROSS W  
Address: 16135 NW 162ND TERRACE  
City-St-Zip: WILLISTON, FL 32696

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN FALISI

VP

07/06/2009

Electronic Signature of Signing Officer or Director

Date