2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P32338

1. Entity Name
OPERATION CALIFORNIA, INC.

Principal Place of Business	Mailing Address
8320 MELROSE AVENUE SUITE 200 LOS ANGELES, CA 90069	8320 MELROSE AVENUE SUITE 200 LOS ANGELES, CA 90069

01172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
95-3504080

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRY, BETTY LOU
17627 FOXBOROUGH LANE
BOCA RATON, FL 33486

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LARSEN, GARY
STREET ADDRESS	4004 COUNTRY CLUB DR.
CITY-ST-ZIP	LAKEWOOD, CA
TITLE	PD
NAME	WALDEN, RICHARD
STREET ADDRESS	827 BURNSIDE AVE.
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	D
NAME	ADAMS, TONY
STREET ADDRESS	11777 SAN VICENTE BL. 520
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	D
NAME	EDWARDS, BLAKE
STREET ADDRESS	11777 SAN VICENTE BLVD
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	D
NAME	EDWARDS, JULIE ANDREWS
STREET ADDRESS	11777 SAN VICENTE BLVD.
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	CD
NAME	JONATHAN ESTRIN
STREET ADDRESS	938 12TH STREET #201
CITY-ST-ZIP	SANTA MONICA, CA 90403

U00000404863
02/07/06-80017-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/17/06 323 658 8876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #