


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000007764
 1. Entity Name
MISSION DELIVERANCE, INC.



Principal Place of Business Mailing Address
10406 HARTTS DR. **10406 HARTTS DR**
TAMPA, FL 33617 US **TAMPA, FL 33617 US**

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2180576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELDER, TOLLIE H
10406 HARTTS DR
TAMPA, FL 33617

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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)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELDER, TOLLIE H 10406 HARTTS DR. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAMSEY, LOIS 19208 ALICE CIR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, JACKIE 10406 HARTTS DR. TAMPA, FL 336173412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, RALPH 1419 W. WATERS AVE... SUITE 115 TAMPA, FL 336042852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80103-002 61.25
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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 617, 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 Tollie H. Elder, Jr. 2/6/08 813 610 3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #