2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007812

FILED Jul 29, 2006 Secretary of State

Entity Name: MISSION EDUCATION INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 6477 S MILITARY TRAIL 4697 CANAL DRIVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 6477 S MILITARY TRAIL 4697 CANAL DRIVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVE, MICHAEL OLIVE, MICHAEL E PRES 4697 CANAL DRIVE 6290 N ADDERLEY CAY TERR LAKE WORTH, FL 33463 US LANTANA, FL 33462 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: MICHAEL OLIVE 07/29/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition OLIVE, MICHAEL OLIVE, MICHAEL Name: Name: Address: 6290 N ADDERLEY CAY TERR Address: 4697 CANAL DRIVE LANTANA, FL 33462 City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463 Title: () Delete Title: () Change () Addition Name: DAILY, TROY Name: Address: 274 WOODLAND RD Address: City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition BAUMGARDNER, KIM Name: Name: Address: 2322 SE MASLAN Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip:

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

SIGNATURE: MICHAEL OLIVE MR. 07/29/2006