

2007 FOR PROFIT CORPORATION ANNUAL REPORT

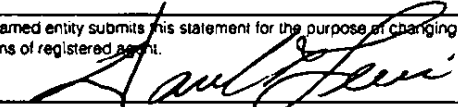
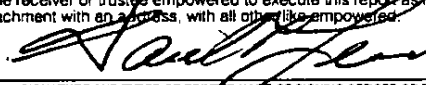
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05232007 Chg-P CR2E034 (12/06)

DOCUMENT # 353355			
1. Entity Name MISSION DEVELOPMENT COMPANY			
Principal Place of Business 1495 FOREST HILLS BLVD. STE G WEST PALM BEACH, FL 33406		Mailing Address P.O. BOX 17499 WEST PALM BEACH, FL 33416-7499	
2. Principal Place of Business - No P.O. Box # 1499 Forest Hill Blvd.		3. Mailing Address	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33406	Country U.S.A.	Zip	Country
4. FEI Number 59-1363419		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, DANIEL P 1495 FOREST HILL BLVD. STE G WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Lewis Daniel P. Street Address (P.O. Box Number is Not Acceptable) 1499 Forest Hill Blvd. Ste 107 City West Palm Beach FL Zip Code 33406	
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 6-4-07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LEWIS, DANIEL P 1495 FOREST HILL BLVD. STE. G WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 100103236151 05/25/07--01007--001 **\$500.00
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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: 		Date 6-4-07 Daytime Phone # 561-964-0700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

7c 6/14