2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 JUN 14 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 353355

1. Entity Name
MISSION DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
1495 FOREST HILLS BLVD. STE G WEST PALM BEACH, FL 33406	P.O. BOX 17499 WEST PALM BEACH, FL 33416-7499

05232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1499 Forest Hill Blvd.			
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	7. Name and Address of New Registered Agent
LEWIS, DANIEL P 1495 FOREST HILL BLVD. STE G WEST PALM BEACH, FL 33406	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: [signature] DATE: 6-4-07

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

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	100103236151 05/25/07--01007--001 **600.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 6-4-07 561-964-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 6/14