2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701484

FILED Jan 11, 2008 Secretary of State

Entity Name: MISSIONARY FLIGHTS AND SERVICE INC

| | Principal Place | of Business: | New Principal Place | of Business: | |
|---|---|--|--|---|--|
| | MANS DRIVE ERCE, FL 3494 | 6 US | | | |
| Current I | Mailing Addres | s: | New Mailing Addres | s: | |
| | MANS DRIVE ECE, FL 34946 | US | | | |
| FEI Numbe | er: 23-7199063 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name an | d Address of C | Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 7504 PAS | RICHARD L PR SO ROBLES BL' ERCE, FL 3495 | VD. | | | |
| | re named entity s te of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATL | JRE: | | | | |
| | Electron | nic Signature of Registered A | gent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | SNOOK, L:INDA 7504 PASO RC | BLES BLVD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | KARABENSH, J 1934 GREY FA | LCON CIR. S.W. | Title: Name: Address: | () Change () Addition | |
| City-St-Zip: | | | City-St-Zip: | | |
| City-St-Zip: Title: Name: Address: City-St-Zip: | CAMPBELL, LA 443 23RD ST. S | S.E. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | CAMPBELL, LA 443 23RD ST. S VERO BEACH, C () BELDIN, DONA 1037 SE 170TH | AWRENCE B S.E. FL 32962 US Delete LD H REV H CT. | Title: Name: Address: City-St-Zip: Title: Vame: MCEWEN, Address: 4074 LAKE | (X) Change()Addition | |
| Title: Name: Address: | CAMPBELL, LA 443 23RD ST. S VERO BEACH, C () BELDIN, DONA 1037 SE 170TH SILVER SPRIN D () GIDDENS, RON 1616 S MILITAI | AWRENCE B S.E. FL 32962 US Delete LD H REV H CT. GS, FL 34488 Delete NALD RY TRAIL | Title: Name: Address: City-St-Zip: Title: Vame: MCEWEN, Address: 4074 LAKE | (X) Change()Addition DAVID DR. SPUR CIR. N. | |

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD SNOOK PRES 01/11/2008