

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768748**

1. Entity Name  
**MISSIONARY VENTURES INTERNATIONAL, INC.**



Principal Place of Business  
**5528 COMMERCE DR.  
ORLANDO, FL 32839**

Mailing Address  
**P.O. BOX 593550  
ORLANDO, FL 32859**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2321060**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BEAM, STEVEN G.  
5528 COMMERCE DR.  
ORLANDO, FL 32839**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-9-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000611389  
02/02/07-80059-021 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAM, STEVEN G 5528 COMMERCE DR. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWEN, TALMADGE L 5528 COMMERCE DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCGRATH, WILLIAM 1804 CAPE BEND TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HALL, GARY 243 TIMBERLAND AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-24-07**

**407 859-7322**