2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 12, 2008 **DOCUMENT# 768748** Secretary of State

Entity Name: MISSIONARY VENTURES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

5144 S ORANGE AVE. ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

P.O. BOX 593550 ORLANDO, FL 328593550

FEI Number: 59-2321060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEAM, STEVEN G DUBOIS, GLEN P 5144 Ś ORANGE AVE 5144 S ORANGE AVE ORLANDO, FL 32809 US US ORLANDO, FL 32809

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: GLEN P DUBOIS 12/12/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BEAM, STEVEN G Name: DUBOIS, GLEN P Name:

5528 COMMERCE DR. Address: 5144 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete Title: () Change () Addition

Name: OWEN, TALMADGE L Name: Address: 5528 COMMERCE DRIVE Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

MCGRATH, WILLIAM Name: Name: 5528 COMMERCE DR. Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

() Delete Title: COB Title: () Change () Addition

HALL, GARY Name: Name: 5528 COMMERCE DR. Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

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: GARY HALL COB 12/12/2008