
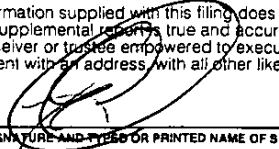


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90152 040 \*\*\*\*61.25

<b>DOCUMENT # 853734</b> 1. Entity Name <b>MISSION POSSIBLE USA, INCORPORATED</b>					
Principal Place of Business <b>1934 TUCKER CT FORT PIERCE, FL 34950</b>			Mailing Address <b>P.O. BOX 520 FORT PIERCE, FL 34954</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>34-1290940</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCKEEGAN, LAURA 1913 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34953</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DSP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHESS, SAMUEL</b>		NAME	<b>Feeney, Bruce</b>	
STREET ADDRESS	<b>1218 SW MANCUSO AVE</b>		STREET ADDRESS	<b>4141 TR 47</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 34953</b>		CITY-ST-ZIP	<b>Rawson, OH 45881</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPAYD, RICHARD J</b>		NAME	<b>Flanagan, Mary Lou</b>	
STREET ADDRESS	<b>5059 N A1A APT 404-B</b>		STREET ADDRESS	<b>126 21st St</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Findlay, OH 45840</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JAMES</b>		NAME	<b>Brown, James</b>	
STREET ADDRESS	<b>5200 MATANZAS AVE</b>		STREET ADDRESS	<b>5200 Matanzas Ave</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34946</b>		CITY-ST-ZIP	<b>Fort Pierce, FL 34946</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DECKER, TIMOTHY M</b>		NAME	<b>Gillam, James</b>	
STREET ADDRESS	<b>20340 KEIFEL ROAD</b>		STREET ADDRESS	<b>5231 Summerside Dr</b>	
CITY-ST-ZIP	<b>LAURELVILLE, OH 43135</b>		CITY-ST-ZIP	<b>Katy, TX 77450</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODINGTON, HERB</b>		NAME	<b>Codington, Herb</b>	
STREET ADDRESS	<b>16749 HIGHWAY 56 N</b>		STREET ADDRESS	<b>16749 Highway 56 N</b>	
CITY-ST-ZIP	<b>CLINTON, SC 29325</b>		CITY-ST-ZIP	<b>Clinton, SC 29325</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, BETTIE</b>		NAME	<b>Snyder, Bettie</b>	
STREET ADDRESS	<b>10101 GREATWOODS POND DR</b>		STREET ADDRESS	<b>7300 20th St, Lot 410</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34945</b>		CITY-ST-ZIP	<b>Vero Beach, FL 32966</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
<b>SIGNATURE:</b> 			<b>Samuel Chess, Director</b>		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2/16/05</b> Daytime Phone #		

# ATTACHMENT

40023361

Mission Possible USA, Inc  
Document #853734  
FEIN 34-1290940  
2005 Not-For-Profit Corporation Annual Report

## Block 11 (cont) – Additions/Changes to Officers and Directors in 10

D Addition  
McKeegan, Wayne  
16346C Centerfield Court  
Wildwood, MO 63040

D Addition  
Norris, Eliza  
3862 Phillips Branch Rd  
Vilas, NC 28692

D Addition  
Schwartz, John Jr  
8256 Yale Rd  
Rootstown, OH 44272

D Addition  
Witker, Kathryn M  
8875 S.H. 64  
Swanton, OH 43558

D Addition  
Yoder, Mark  
8180 Rockport Rd  
Bluffton, OH 45817