

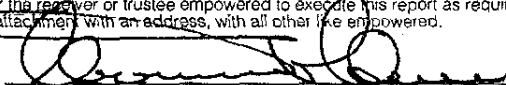


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F18936 1. Entity Name MISSION SANTA CRUZ, INC.			
Principal Place of Business % THOMAS LINE HWY 19 AND 48 HOWEY IN THE HILLS, FL 32737		Mailing Address % THOMAS LINE HWY 19 AND 48 HOWEY IN THE HILLS, FL 32737	
DO NOT WRITE IN THIS SPACE			
		04082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 36-2085479	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINE, THOMAS HWYS 19 AND 48 HOWEY IN THE HILLS, FL 32737		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000306186 04/15/05-80005-006 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINE, THOMAS 1130 PENINSULA DRIVE TAVARES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUCHER, ROBERT N HWY 19 AND 48 HOWEY IN HILLS, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINE, DONNA B 1130 PENINSULA DRIVE TAVARES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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 I am empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-11-05 352-324-2586 <small>Date Daytime Phone #</small>	