


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001763 1. Entity Name MISSION SUPPORT SERVICES, INC.	
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Principal Place of Business 37152 RUTLEDGE DRIVE ZEPHYRHILLS, FL 33541	Mailing Address P.O. BOX 816 ZEPHYRHILLS, FL 33539
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01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3635308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAMS, STANLEY J 37152 RUTLEDGE DR ZEPHYRHILLS, FL 33541-4978	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMS, STANLEY J 37152 RUTLEDGE DRIVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRAMS, CHARLOTTE 37152 RUTLEDGE DRIVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, STEPHEN 5414 4TH ST ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUBIN, MIKE 38345 5TH AVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILEY, KEITH 5230 1ST STREET ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, CHARLES 6302 SILVER OAKS DRIVE ZEPHYRHILLS, FL 33542

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01/11/08-80020-016 61.25

**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: Stanley Grams **STANLEY GRAMS** 1/7/08 813-780-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #