DOCUMENT # N00000005461

1. Entity Name

MISSIONARY RESOURCE NETWORK, INC.

FILED
07 MAY 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
4000 BAILEY RD FORT LAUDERDALE FL 33319 US	4000 BAILEY RD FORT LAUDERDALE FL 33319 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1030427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOVELO, JOSEPH L 22236 GARRISON STREET BOCA RATON FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Joseph L Novelo 3-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOVELO, JOSEPH L 1102 SW 3RD ST., #10 DEERFIELD BEACH FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Bill Rowley 4871 Hwy 39 Chelsea AL 35943	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBB, KENT C 731 NE 38TH STREET #16 FORT LAUDERDALE FL 33334	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Kent Cobb 871 Heather Circle Conway AR 72034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYON, KELLY 2401 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Novelo Joseph ~~4000~~ 4000 Bailey Rd Ft Lauderdale FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800103509189 05/31/07--01028--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 5/22/07	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph L Novelo 3-2-07 954-977-9743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #