## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # N0000005552 1. Entity Name

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90851 038 \*\*\*\*70.00

SI BROADWAY ST.   1551 WAKE FOREST RD NW   PALM BAY, FL 32907	MISION ALCANCE OF FELLSMERE, INC.										
Suite. Apr. 8, etc.  Suite. Apr. 8, etc.  Suite. Apr. 8, etc.  City & State  City & State  City & State  City & State  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name	39 BROADWAY ST. 1651 WAKE FOREST RD NW										
Suite. Apr. 8, etc.  Suite. Apr. 8, etc.  Suite. Apr. 8, etc.  City & State  City & State  City & State  City & State  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name	2 Principal P	Mace of Business - No P.O. Boy #	3 Mail	ing Address							
City & State  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  State Address of New Registered Agent  Nome  Nome  Nome  Nome  Street Address of New Registered Agent  Nome  Street Address (P.O. Box Number is Not Acceptable)  FL Zep Code  City  FL Zep Code  FL Zep Code  FL Zep Code  City  FL Zep Code  FL Zep Code  City  FL Zep Code  City  FL Zep Code  FL Zep Code  City  FL Zep Code  FL Zep Code  FL Zep Code  FL Zep Code  City  FL Zep Code  City  FL Zep Code	1228	5 C.K. 512					THE REPORT OF LEASING SE		EBILL SEIST BIT	ES MATINIA AUSTRALIA SIC	BITATA UNI CONSTR
Secondary   Seco	Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			04152007 Chg	-NP	CR2E03	7 (12/06)	
Country   Country   Country   Country   S. Certificate of Status Desired   S. 75 Additional For Popular				City & State						<u> </u>	<del></del>
REPTALI, ALDANA Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, Yand or cretef remark of implement agent and the 4 expectable.  PHING Fee Is \$61.25 Due by May 1, 2007  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND	Zip	Country	Zip		Co	untry	5. Certificate of Stat	us Desired		8.75 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable)			Registere	d Agent			7. Name and Addre	ss of New R			
Size 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  Symbol price is \$61.25  Substitute by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING Fee is \$61.25  Due by May 1, 2007  PILING PILING Fee is \$61.25  Due by May 1, 2007  PILING PILING FEE IS 2007  PILING PILING FEE IS 2007  PILING PILING PILING FEE IS 2007  PILING PI	NEDTALL ALDANA					Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Synthetic year of registered agent and the incohered agent and the inc	1651 WAKEFOREST RD NW			Street Address			(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Superior printed name of registered agent and the 4 epolecials.   (NOTE Registered Agent agents required who mentitaring)   DATE		,									
SIGNATURE    Signature, typed or prind name of registered algert and the 6 applicable.   (NOTIC Registered Apent argument required when resignation)   DATE						City			FL	Zip Cod	e
Filling Fee Is \$61.25 Due by May 1, 2007  Filling Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  P			the purp	ose of changing its	register	ed office or registe	ered agent, or both, in the	e State of Flo	rida. I am f	amiliar with,	and accept
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Trust Fund Co-introllon.    OFFICERS AND DIRECTORS	;	Signature, typed or printed name of registered agent of	and title if stop	icable. (NOTE	: Registere	ed Agent signature require	ed when reinstating)		DATE		
TITLE NAME NETALI, ÁLDANA   Delete NAME   NAME   NETALI, ÁLDANA   Delete NAME   STRET ADDRESS   CITY-SI-ZP    TITLE T   Delete NAME   N		_					\$5.00 May Be Added to Fees				
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CITY-ST-ZIP  CITY-											
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information						l l					
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	12. I hereby	certify that the information supplied with	this filina	does not qualify for	the ex	emptions containe	d in Chapter 119. Florid	la Statutes, I	further certi	v that the i	nformation

of the corporation of the receiver or trusted 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: