2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003067

Title:

Name:

Address:

City-St-Zip:

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SIMONTCHIK, DANUTA

NORHT PORT, FL 34287 US

1528 BOTELLO RD

Apr 17, 2007 Secretary of State

Entity Name: MISSION LIVING WATER, INC. **Current Principal Place of Business: New Principal Place of Business:** 1467 N LAVINA ST NORTH PORT, FL 34286 LIS **Current Mailing Address: New Mailing Address:** 1467 N LAVINA ST NORTH PORT, FL 34286 US FEI Number: 61-1411914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAVLYUK, FIODOR J 1467 N LÁVINA ST NORTH PORT, FL 34286 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition PAVLYUK, FIODOR J Name: Name: 1467 N LAVINA ST Address: Address: City-St-Zip: NORTH PORT, FL 34286 US City-St-Zip: Title: **VPRS** () Delete Title: () Change () Addition PAVLUKE, GEORGE V Name: Name: Address: 5412 EVEREST TER Address: City-St-Zip: PORT CHARLOTTE, FL 33981 US City-St-Zip: Title: TRSR () Delete Title: () Change () Addition CHTCHAVLINSKI, IRINA P Name: Name: Address: 1735 STIMMEL ST Address: City-St-Zip: NORTH PORT, FL 34286 US City-St-Zip: Title: **TRST** Title: () Change () Addition () Delete Name: GP AUTO SALES, LLC, Name: 4891 TROTT CIR B Address: Address: City-St-Zip: NORTH PORT, FL 34287 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE V PAVLUKE **VPRS** 04/17/2007

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