## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006022

City-St-Zip:

PORT ST LUCIE, FL 34952

FILED Feb 25, 2006 Secretary of State

Entity Name: CHINA MISSION PROJECT-VARELLA, INC. **Current Principal Place of Business: New Principal Place of Business:** 319 OLIVE AVE PORT ST LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 319 OLIVE AVE PORT ST LUCIE, FL 34952 FEI Number: 74-3066316 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: PSTD () Delete () Change () Addition VARELLA, FRANK J Name: Name: Address: 319 OLIVE AVE Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: VARELLA, DAVID J Name: Address: 319 OLIVE AVE Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: VD () Delete Title: () Change () Addition VARELLA, SUSAN N Name: Name: Address: 319 OLIVE AVE Address:

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.

City-St-Zip:

SIGNATURE: FRANK J VARELLA PRES 02/25/2006