

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006022

FILED
Jan 23, 2008
Secretary of State

Entity Name: CHINA MISSION PROJECT-VARELLA, INC.

Current Principal Place of Business:

319 OLIVE AVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

319 OLIVE AVE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 74-3066316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Title: PSTD () Delete
Name: VARELLA, FRANK J
Address: 319 OLIVE AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: VARELLA, DAVID J
Address: 319 OLIVE AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: VARELLA, SUSAN N
Address: 319 OLIVE AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VARELLA, FRANK J DR
Address: 319 OLIVE AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP (X) Change () Addition
Name: VARELLA, DAVID J REV.
Address: 801 S. OLIVE AVE, APT 1515
City-St-Zip: WPB, FL 33401

Title: SEC (X) Change () Addition
Name: VARELLA, SUSAN N
Address: 801 S OLIVE AVE, APT 1515
City-St-Zip: WPB, FL 33401

Title: DIR () Change (X) Addition
Name: MAHANES, KENNETH DR.
Address: 2175 ALLEN CREEK RD.
City-St-Zip: WPB, FL 33411

Title: DIR () Change (X) Addition
Name: SMITH, DEBORAH
Address: 2815 US ROUTE 42E
City-St-Zip: CEDARVILLE, OH 45314

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PRES. DR. FRANK J. VARELLA

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

Date