## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006022

FILED Jan 17, 2012 Secretary of State

Entity Name: CHINA MISSION PROJECT-VARELLA, INC.

Current Principal Place of Business: New Principal Place of Business:

319 OLIVE AVE 319 OLIVE AVE

PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 UN

Current Mailing Address: New Mailing Address:

319 OLIVE AVE 319 OLIVE AVE

PORT ST LUCIE, FL 34952 UN

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:**

Γitle: PSTD

 Name:
 VARELLA, FRANK J DR

 Address:
 319 OLIVE AVE

 City-St-Zip:
 PORT ST LUCIE, FL 34952

Title: VP

Name: VARELLA, DAVID J REV. Address: 801 S. OLIVE AVE, APT 1418

City-St-Zip: WPB, FL 33401

Title: SEC

Name: VARELLA, SUSAN N Address: 801 S OLIVE AVE, APT 1418

City-St-Zip: WPB, FL 33401

Title: DIR

Name: MAHANES, KENNETH DR.
Address: 2175 ALLEN CREEK RD.
Oity St 7in: W/DR EL 22411

City-St-Zip: WPB, FL 33411

Title: DIR

Name: SMITH, DEBORAH
Address: 2815 US ROUTE 42E
City-St-Zip: CEDARVILLE, OH 45314

I hereby 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 all other like empowered.

SIGNATURE: DR. FRANK J VARELLA PRES 01/17/2012