

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009178

FILED
Mar 13, 2007
Secretary of State

Entity Name: GLOBAL MISSIONS STRATEGIES, INC.

Current Principal Place of Business:

5150 BELFORT ROAD SOUTH BLDG 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5150 BELFORT ROAD SOUTH BLDG 600
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 42-1539213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLUM, RONALD R
5150 BELFORT ROAD # 600
JACKSONVILLE, FL 32256 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: PD () Delete
Name: BRIANT, REX
Address: 5150 BELFORT ROAD SOUTH BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: BRIANT, MARTI
Address: 5150 BELFORT ROAD SOUTH BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: PELLUM, RON
Address: 5150 BELFORT ROAD SOUTH BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: LEWIS, CLAY
Address: 5150 BELFORT ROAD SOUTH BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: RRP

TD

03/13/2007

Electronic Signature of Signing Officer or Director

Date