2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# N03000003086

Entity Name: MEDICAL MISSION INTERNATIONAL, INC.

Current Principal Place of Business:

500 OLD COUNTRY ROAD
304
GARDEN CITY, NY 11530

New Principal Place of Business:

Current Mailing Address:

500 OLD COUNTRY ROAD
304
GARDEN CITY, NY 11530

New Mailing Address:

FEI Number: 56-2344399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARAUJO, ROBERTO MD
5540 CLIPPER XCT
NEW PORT RICHEY, FL 34652 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: D ( ) Delete
Name: ARAUJO, ROBERTO DR.
Address: 1744 ALTERNATE 19 SOUTH
City-St-Zip: TARPON SPRINGS, FL 34689 9

Title: D ( ) Delete
Name: KING, GISELA R
Address: 3464 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: EINAUDI, GIAN P
Address: 89 AVE, NORTE Y 13 CALLE PT
City-St-Zip: SAN SALVADOR, EL SALVADOR,

Title: D ( ) Delete
Name: KING, BRADLEY D
Address: 500 OLD COUNTRY ROAD, STE 304
City-St-Zip: GARDEN CITY, NY 11530

Title: D ( ) Delete
Name: BOMBACE, LUCILLE
Address: 500 OLD COUNTRY ROAD STE 304
City-St-Zip: GARDEN CITY, NY 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KING, ROCHELLE B
Address: 450 WEST END AVE # 5B
City-St-Zip: NEW YORK, NY 10024

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

Title: D (X) Change ( ) Addition
Name: KING, BRADLEY D
Address: 450 WEST END AVE #5B
City-St-Zip: NEW YORK, NY 10024

Title: D (X) Change ( ) Addition
Name: FARRELL, SUZANNE
Address: 1122 COLONY DRIVE
City-St-Zip: MARIETTA, GA 30068

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: BRADLEY D KING D 09/16/2008

Electronic Signature of Signing Officer or Director — Date