2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003075

Entity Name: E7 MISSION DEVELOPMENT GROUP, INC.

FILED May 01, 2008 Secretary of State

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

5363 RISHLY RUN WAY
MOUNT DORA, FL 32757

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MOUNT DORA, FL 32757

MOUNT DORA, FL 32757

Current Mailing Address: New Mailing Address:

5363 RISHLY RUN WAY
MOUNT DORA, FL 32757

5363 RISHLEY RUN WAY
MOUNT DORA, FL 32757

MOUNT DORA, FL 32757

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

GLOVER, DAVID M JR

106 RICKENBACKER DRIVE

PALM COAST, FL 32164 US

GLOVER, DAVID M JR

21 ROCKINGHAM LANE

PALM COAST, FL 32164 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: DAVID GLOVER 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 GLOVER, DAVID M JR
 Name:
 GLOVER, DAVID M JR

 Address:
 106 RICKENBACKER DRIVE
 Address:
 21 ROCKINGHAM LANE

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:
 PALM COAST, FL 32164

Title: VP () Delete Title: VP (X) Change () Addition

Name:GREENE, DARRENName:GREENE, DARRENAddress:5363 RISHLY RUN WAYAddress:5363 RISHLEY RUN WAYCity-St-Zip:MOUNT DORA, FL 32757City-St-Zip:MOUNT DORA, FL 32757

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: DAVID GLOVER P 05/01/2008