

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005509

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: PURA VIDA MISSIONS, INC.

**Current Principal Place of Business:**

536 DRIFTWOOD ROAD  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

536 DRIFTWOOD ROAD  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 83-0398453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSSODIVITA, ALBERT  
536 DRIFTWOOD ROAD  
NORTH PALM BEACH, FL 33408 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: ROSSODIVITA, ALBERT  
Address: 536 DRIFTWOOD ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: ROSSODIVITA, CRISTINA  
Address: 536 DRIFTWOOD ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: BURNS, DAN  
Address: 16631 75TH AVENUE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: WILLCOX, TIM  
Address: 536 CAPTAINS ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: JONES, ELBERT  
Address: 200 LACEY OAK LANE  
City-St-Zip: LOGANVILLE, GA 30052

**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:

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: ALBERT ROSSODIVITA

D

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date