2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N04000005509

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 ( )**
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:

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: PD ( ) 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 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 PD 05/21/2008

Electronic Signature of Signing Officer or Director — Date