2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007052

City-St-Zip:

tity Name: MISSION: POSSIBLE SERVICES IN

FILED Jan 13, 2007 Secretary of State

Entity Na	me: MISSION	: POSSIBLE SERVICES, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	TANY CHASE D, FL 32810	COURT				
Current M	lailing Addres	ss:	New Mailing Address:			
	TANY CHASE D, FL 32810	COURT				
FEI Number	: 51-0545350	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
6781 BRIT	FT, GINGER TANY CHASE), FL 32810	COURT				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROYCROFT, G	Y CHASE COURT	Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address: City-St-Zip:	ROYCROFT, L	Y CHASE COURT	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D (JENKINS, MIKE 9836 MARSH F ORLANDO, FL	POINTE DRIVE	Title: Name: Address: City-St-Zip:	JENKINS, MII	POINTE DRIVE	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	O (NAUGHTON, 1343 WOOD! APOPKA, FL	FIELD OAKS	
Title: Name: Address:	()) Delete	Title: Name: Address:	SCHMITT, PA	() Change (X) Addition AUL OOD TERRACE DRIVE #101	

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.

City-St-Zip: ORLANDO, FL 32818

SIGNATURE: GINGER ROYCROFT D 01/13/2007