2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007
Secretary of State

DOCUMENT# N06000000408

Entity Name: MISTER MISTER FOUNDATION INC.

Current Principal Place of Business:

360 NW 87TH STREET
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

360 NW 87TH STREET
MIAMI, FL 33150 US

New Mailing Address:

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:

ARCHIBALD, MYSHJUA
16039 SW 155 COURT
MIAMI, FL 33187 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: DIR ( ) Delete
Name: WRIGHT, BETTY
Address: 360 NW 87TH STREET
City-St-Zip: MIAMI, FL 33150 US

Title: DIR ( ) Delete
Name: MORRIS, ANGELO
Address: 360 NW 87TH STREET
City-St-Zip: MIAMI, FL 33150 US

Title: DIR ( ) Delete
Name: PARKER, PATRICE
Address: 360 NW 87TH STREET
City-St-Zip: MIAMI, FL 33150 US

Title: DIR ( ) Delete
Name: ARCHIBALD, MYSHJUA
Address: 16039 SW 155 COURT
City-St-Zip: MIAMI, FL 33187 US

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:

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: BETTY WRIGHT DIR 06/01/2007
Electronic Signature of Signing Officer or Director — Date