

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012162

Entity Name: MISSION UGANDA INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

349 NW 16TH ST. SUITE 108
BELLE GLADE, FL 33430

New Principal Place of Business:

349 NW 16TH ST.
SUITE # 106
BELLE GLADE, FL 33430

Current Mailing Address:

349 NW 16TH ST. SUITE 108
BELLE GLADE, FL 33430

New Mailing Address:

349 NW 16TH ST.
SUITE # 106
BELLE GLADE, FL 33430

FEI Number: 74-3245909 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:

PAIGE, SR, DANIEL REV
349 NW 16TH ST. SUITE 108
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

PAIGE, SR, DANIEL REV
349 NW 16TH ST.
SUITE # 106
BELLE GLADE, FL 33430 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: _____

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PAIGE, SR., DANIEL REV
Address: 349 NW 16TH ST. SUITE 108
City-St-Zip: BELLE GLADE, FL 33430

Title: DVP () Delete
Name: TAYLOR, JANET
Address: 349 NW 16TH ST. SUITE 108
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: MCNEALY, GARY
Address: 349 NW 16TH ST. SUITE 108
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PAIGE, SR., DANIEL REV
Address: 349 NW 16TH ST. SUITE # 106
City-St-Zip: BELLE GLADE, FL 33430

Title: DVP (X) Change () Addition
Name: TAYLOR, JANET
Address: 349 NW 16TH ST. SUITE 106
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Change () Addition
Name: MCNEALY, GARY
Address: 349 NW 16TH ST. SUITE 106
City-St-Zip: BELLE GLADE, FL 33430

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: DANIEL R. PAIGE SR.

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date