

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003888

Entity Name: MISSION CREATE, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

4502 PALM BEACH BLVD.
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

1465 65TH ST
#211
EMERYVILLE, CA 94608

New Mailing Address:

4502 PALM BEACH BLVD.
FORT MYERS, FL 33905

FEI Number: 26-2450414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALACHANTHIRAN, KIRUSHANTHY
4502 PALM BEACH BLVD.
FORT MYERS, FL 33905 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: BALACHANTHIRAN, KIRUSHANTHY
Address: 4502 PALM BEACH BLVD.
City-St-Zip: FORT MYERS, FL 33905

Title: DIR. () Delete
Name: SCHOKMAN, DARRYL
Address: 1465 65TH STREET, #211
City-St-Zip: EMERYVILLE, CA 94608

Title: DIR. () Delete
Name: PHAM, JUNG ESQ.
Address: 1330 BROADWAY, SUITE 500
City-St-Zip: OAKLAND, CA 94612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change () Addition
Name: BALACHANTHIRAN, KIRUSHANTHY
Address: 4502 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: DIR. (X) Change () Addition
Name: SCHOKMAN, DARRYL
Address: 10 CLIFF PLACE
City-St-Zip: CRANEBROOK, NEW SOUTH WALES, NS 2749 AU

Title: DIR. (X) Change () Addition
Name: PHAM, JUNG ESQ.
Address: 1723 LINCOLN WAY 101
City-St-Zip: SAN FRANCISCO, CA 94122

Title: DIR () Change (X) Addition
Name: MAGGIE, ROBERTS ESQ.
Address: 1330 BROADWAY, SUITE 500
City-St-Zip: OAKLAND, CA 94612

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: KIRUSHANTHY BALACHANTHIRAN

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date