

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001384

FILED
Jan 23, 2006
Secretary of State

Entity Name: CHINA MISSIONS, INC.

Current Principal Place of Business:

4509 CHANTILLY WAY
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

4509 CHANTILLY WAY
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3315835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, RACHEL
8529 HONEYBEE LN
MILTON, FL 32583 US

Name and Address of New Registered Agent:

MURPHY, RACHEL
4509 CHANTILLY WAY
PENSACOLA, FL 32505 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:

01/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SKELLEY, DENNIS C
Address: 4509 CHANTILLY WAY
City-St-Zip: PENSACOLA, FL 32505

Title: DV () Delete
Name: SKELLEY, STELLA
Address: 4509 CHANTILLY WAY
City-St-Zip: PENSACOLA, FL 32505

Title: DST () Delete
Name: SKELLEY, IAN C
Address: 4509 CHANTILLY WAY
City-St-Zip: PENSACOLA, FL 32505

Title: DS () Delete
Name: MURPHY, RACHEL A
Address: 8529 HONEYBEE LANE
City-St-Zip: MILTON, FL 32583

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 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: RACHEL MURPHY

DS

01/23/2006

Electronic Signature of Signing Officer or Director

Date