2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 AM
Secretary of State

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Entity Name: MISSION POSSIBLE MINISTRIES INC.

Current Principal Place of Business:

2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10698
NAPLES, FL 34101 US

New Mailing Address:

2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

FEI Number: 65-0640461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNOZ, MAGDA
6310-24TH AVE. SW
NAPLES, FL 33999 US

Name and Address of New Registered Agent:

MUNOZ, RICHARD
2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 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: RICHARD MUNOZ 05/03/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUNOZ, RICHARD
Address: 4143 KATHY AVENUE
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: MUNOZ, MAGDA
Address: 4143 KATHY AVENUE
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: SOSA, ELIEZER
Address: 4605 DOMINION DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MUNOZ, RICHARD
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition
Name: CARRASCO, SARA
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change ( ) Addition
Name: MUNOZ, MAGDA
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD MUNOZ PAST 05/03/2002
Electronic Signature of Signing Officer or Director Date