

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005411

FILED
Jan 10, 2007
Secretary of State

Entity Name: MISSION POSSIBLE MINISTRIES INC.

Current Principal Place of Business:

4143 KATHY AVE
NAPLES, FL 34104 US

New Principal Place of Business:

6020 RATTLESNAKE HAMMOCK RD
NAPLES, FL 34113 US

Current Mailing Address:

4143 KATHY AVE
NAPLES, FL 34104 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MUNOZ, RICHARD
4143 KATHY AVE
NAPLES, FL 34104 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: PD () Delete
Name: MUNOZ, RICHARD
Address: PO BOX 990130
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: MUNOZ, MAGDA
Address: PO BOX 990130
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNOZ, RICHARD
Address: 4143 KATHY AVE
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change () Addition
Name: MUNOZ, MAGDA
Address: 4143 KATHY AVE
City-St-Zip: NAPLES, FL 34104

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: RICHARD MUNOZ

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01/10/2007

Electronic Signature of Signing Officer or Director

Date