

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2009
Secretary of State

DOCUMENT# N99000006053

Entity Name: NEW MISSION SYSTEMS, INC.**Current Principal Place of Business:**2701 CLEVELAND AVE.,STE.7
FT. MYERS, FL 33901**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 547
FT. MYERS, FL 33902**New Mailing Address:****FEI Number:** 95-4338997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAPLE, SUSAN
4134 SAUMS DRIVE
N FT MYERS, FL 33903 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: PCEO () Delete
Name: WHITNEY, JONATHAN
Address: 2209 SE 6TH STREET
City-St-Zip: N FT MYERS, FL 33990

Title: CFO () Delete
Name: CAPLE, SUSAN
Address: 4134 SAUMS DR
City-St-Zip: N FT MYERS, FL 33903

Title: VP () Delete
Name: WEINMAN, DAVID
Address: 4318 SAUMS DRIVE
City-St-Zip: N FT MYERS, FL 33903

Title: VP () Delete
Name: OLSEN, ANDREW
Address: 2701 CLEVELAND AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: C () Delete
Name: METZGER, JEFFREY
Address: 865 TALL TREES DR
City-St-Zip: CINCINNATI, OH 45245

Title: T () Delete
Name: CLANCY, LAURA
Address: 2928 HAMLETT LANE
City-St-Zip: FLOWER MOUND, TX 75028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: DAMMON, CHARLES T
Address: 2701 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: CFO (X) Change () Addition
Name: CAPLE, SUSAN L
Address: 4134 SAUMS DR
City-St-Zip: N FT MYERS, FL 33903

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 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: SUSAN CAPLE

CFO

11/09/2009

Electronic Signature of Signing Officer or Director

Date