2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 24, 2008 8:00 am Secretary of State **DOCUMENT # P07000103033** 1. Entity Name 03-24-2008 90041 041 ***150.00 BERVO MISSION, INC. Principal Place of Business Mailing Address 9338 MONTEREY BAY DRIVE 9338 MONTEREY BAY DRIVE ORLANDO FL 32832 ORLANDO FL 32832 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3160 Vineland Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 26-08 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3474 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNAL, CHRISTIAN 9338 MONTEREY BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32832 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agoni eigenturn required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Change Addition Berna BERNAL, CHRISTINA NAME NAME STREET ADDRESS 9338 MONTEREY BAY DRIVE STREET ADDRESS ORIANDO CITY-ST-ZIP ORLANDO FL 32832 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME VOELKL, SANDRA P NAME STREET ADDRESS 9338 MONTEREY BAY DRIVE STREET ADDRESS ORLANDO FL 32832 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED