

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27061

FILED
Jan 21, 2008
Secretary of State

Entity Name: MISSION TEENS, INC.

Current Principal Place of Business:

144 PATRICIA LANE
RUNNEMEDE, NJ 08078

New Principal Place of Business:

Current Mailing Address:

144 PATRICIA LANE
RUNNEMEDE, NJ 08078

New Mailing Address:

FEI Number: 23-7071094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, BILL
2080 NW 22ND ST
FT LAUDERDALE, FL 33311 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: ED () Delete
Name: BRACKEN, JAMES D.,
Address: 144 PATRICIA LANE
City-St-Zip: RUNNEMEDE, NJ 08078

Title: FBM () Delete
Name: FOTI, PETER
Address: 81 SETAUKET TRAIL
City-St-Zip: MEDFORD, NJ 08055

Title: S () Delete
Name: MASI, PATRICIA
Address: 1300 SYLVAN AVE.
City-St-Zip: HADDON HEIGHTS, NJ 08035

Title: AS () Delete
Name: BRACKEN, ISABEL,
Address: 144 PATRICIA LANE
City-St-Zip: RUNNEMEDE, NJ 08078

Title: FBM () Delete
Name: TRYON, TOM
Address: 1012 CHESTERFIELD RD
City-St-Zip: HADDONFIELD, NJ 08033

Title: FBM (X) Delete
Name: FLYNN, RICHARD
Address: WESTMINSTER AVE
City-St-Zip: TURNERSVILLE, NJ 08012

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
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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: JAMES D. BRACKEN

EXEC

01/21/2008

Electronic Signature of Signing Officer or Director

Date