2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2008
Secretary of State

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Entity Name: M & S PROPERTIES OF CLEARWATER, INC.

Current Principal Place of Business:

1610 ELMWOOD STREET
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1624
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 20-3768458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLATTE, DAVID E
603 INDIAN ROCKS RD
BELLEAIR, FL 33756 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MELE, IRENE P
Address: PO BOX 1624
City-St-Zip: CLEARWATER, FL 33757 US

Title: DVP ( ) Delete
Name: MELE, ROBERT A
Address: PO BOX 1624
City-St-Zip: CLEARWATER, FL 33757 US

Title: DVP ( ) Delete
Name: SORENSEN, SHAWN G
Address: 611 S FT HARRIOSN, STE 188
City-St-Zip: CLEARWATER, FL 33756 US

Title: DS ( ) Delete
Name: SORENSEN, ARDELLA MAE
Address: 611 S FT HARRIOSN STE 188
City-St-Zip: CLEARWATER, FL 33756 US

Title: DT ( ) Delete
Name: MELE, ROXANNE MARIE
Address: 1543 HILL DRIVE
City-St-Zip: LOS ANGELES, CA 90041 US

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
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: MELE, ROXANNE MARIE
Address: 1610 ELMWOOD STREET
City-St-Zip: CLEARWATER, FL 33755 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE P. MELE PRES 04/19/2008

Electronic Signature of Signing Officer or Director Date