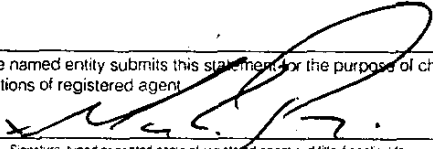
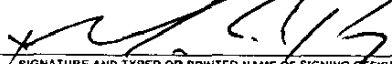


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 034 ***150.00

DOCUMENT # P06000131714 1. Entity Name MS7 CORP					
Principal Place of Business 7570 NW 14 STREET SUITE 112 MIAMI, FL 3312+			Mailing Address 7570 NW 14 STREET SUITE 112 MIAMI, FL 3312+		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-5724135			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE PAULA PASSALACQUA, MARCELO 7570 NW 14 STREET SUITE 112 MIAMI, FL 3312+			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE PAULA PASSALACQUA, MARCELO 5409 LOS PALMA VISTA DR. ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. DE PAULA PASSALACQUA MARCELO 2900 PHARR COURT SOUTH NW ATLANTA, GA 30305 APT 02408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICENTINE PASSALACQUA, SIMONE 2900 PHARR COURT SOUTH NW ATLANTA, GA 30305 APT 02408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.					
SIGNATURE: 			03-13-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		