2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40306

Entity Name: MSTSD, INC.

FILED Mar 31, 2004 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	:HTREERD., N' NORTH TOWE GA 30309 l				
Current Mailing Address:			New Mailin	New Mailing Address:	
1776 PEACHTREE RD., NW SUITE 180 NORTH TOWER ATLANTA, GA 30309 US					
FEI Number:	58-1822497	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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 Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () [MOSELEY, W. G 910 OLD PARK (ROSWELL, GA	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ()[SWEAT, LARRY 3625 RIDGEWOO ATLANTA, GA 30	OD RD., N. W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () [THOMPSON, H. I 1156 OLDFIELD DECATUR, GA 3	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [D'ARCONTE, PAI 331 LAMONT DR DECATUR, GA 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E WALN, DAVID G 3196 N WOOD V ATLANTA, GA 30		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition WALN, DAVID G 3196 N WOOD VALLEY ATLANTA, GA 30327	
Title: Name: Address: City-St-Zip:	SD (X) I STANDARD, DAV 2050 ELDORADO ATLANTA, GA 30	D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: H DOUGLAS THOMPSON TD 03/31/2004