


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000065212

1. Entity Name
MASSON PROPERTIES INC.



FILED
Feb 07, 2006 08:00 AM
Secretary of State

Principal Place of Business
**3931 OCALA ROAD
LANTANA, FL 33462**

Mailing Address
**3931 OCALA ROAD
LANTANA, FL 33462**



01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0859146

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINKWASSER, ALAN
3931 OCALA ROAD
LANTANA, FL 33462**

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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 reissuing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MASSON, LOUIS 3931 OCALA ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CRAWLEY, LISA 414 S. 9TH STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASSON, PETER 4322 FOSS RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWLEY, WILLIAM 414 S. 9TH STREET LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/06-80059-002 158.75

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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 like empowered.

SIGNATURE: *Joan Masson PDT Louis Masson* 1-29-06 561-244-0848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #