2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90011 026 ***150.00

DOCUMENT # P06000126346

1. Entity Name
MGS DESIGNZ & MORE..., INC.

Principal Place of Business	Mailing Address
~~307 DEL PRADO N~~ ~~SUITE 6~~ CAPE CORAL, FL ~~33909~~	~~307 DEL PRADO N~~ ~~SUITE 6~~ ~~CAPE CORAL, FL 33909~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
139 NW 15th Terrace	139 NW 15th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33993 Country: Lee	Zip: 33993 Country: Lee

03202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5838008 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MONICA 139 NW 15TH TERRACE CAPE CORAL, FL 33993	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: _____
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P GARCIA, MONICA 139 NW 15TH TERRACE CAPE CORAL, FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Monica Garcia 3/26/07 (239) 458-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #