


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90241 001 *1,350.00

DOCUMENT # 336151		
1. Entity Name MS UTILITIES CORPORATION		

Principal Place of Business 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	Mailing Address 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
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66010893



2. Principal Place of Business 6830 N. Ocean Blvd Suite, Apt. #, etc.	3. Mailing Address 6855 N. Ocean Blvd Suite, Apt. #, etc.
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01192006 Chg-P CR2E034 (11/05)

City & State Ocean Ridge, FL	City & State Ocean Ridge, FL
Zip 33435	Zip 33435
Country	Country

4. FEI Number 59-1285956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT, INC. 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
6855 N. Ocean Blvd.	
City Ocean Ridge	Zip Code FL 33435

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]* DATE: 4-11-06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRAS, JOAN		NAME	Harrison, Carol	
STREET ADDRESS	6849 N OCEAN BLVD		STREET ADDRESS	6855 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DONALD		NAME	Aalfs, Sack	
STREET ADDRESS	6849 N OCEAN BLVD		STREET ADDRESS	6830 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLTE, HENRY		NAME	Powers, Roger	
STREET ADDRESS	6849 N OCEAN BLVD		STREET ADDRESS	6830 N. Ocean Blvd	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID, TOD		NAME	Boardman, William	
STREET ADDRESS	6849 N OCEAN BLVD		STREET ADDRESS	6830 N. Ocean Blvd	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABNER, GEORGE		NAME	Anlefeldt, Louisa Mrs.	
STREET ADDRESS	6849 N OCEAN BLVD		STREET ADDRESS	6830 N. Ocean Blvd	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE: 4-11-06 DAYTIME PHONE: 561-737-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR