

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003955

FILED
Apr 22, 2005
Secretary of State

Entity Name: MAS PROPERTIES CORPORATION

Current Principal Place of Business:

1105 SCHROCK ROAD, SUITE 206
COLUMBUS, OH 43229

New Principal Place of Business:

Current Mailing Address:

1105 SCHROCK ROAD, SUITE 206
COLUMBUS, OH 43229

New Mailing Address:

FEI Number: 31-1756243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, ELISE K
133 N. FT. HARRISON AVENUE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: DEAN, DENNIS E
Address: 140 ISLAND WAY #230
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VASD () Delete
Name: MCVAY, TOM D
Address: 1105 SCHROCK ROAD, SUITE 206
City-St-Zip: COLUMBUS, OH 432291174

Title: PTD () Delete
Name: WHALEY, RICHARD J
Address: 1105 SCHROCK ROAD, SUITE 206
City-St-Zip: COLUMBUS, OH 432291174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM D. MCVAY

Electronic Signature of Signing Officer or Director

VASD

04/22/2005

Date