

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003659

FILED
Jan 05, 2006
Secretary of State

Entity Name: MSPS ENTREPRENEURIAL III, INC.

Current Principal Place of Business:

C/O CMS AFFILIATED PARTNERS
111 PRESIDENTIAL BLVD., SUITE 249
BALA CYNWYD, PA 19004

New Principal Place of Business:

Current Mailing Address:

C/O CMS AFFILIATED PARTNERS
111 PRESIDENTIAL BLVD., SUITE 249
BALA CYNWYD, PA 19004

New Mailing Address:

C/O DONNA RITTERSHAUSEN, CMS COMPANIES
1926 ARCH STREET
PHILADELPHIA, PA 19103 US

FEI Number: 23-3054846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: SOLOMON, MARK I
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

Title: DP () Delete
Name: SILBERBERG, PAUL
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

Title: DVPT () Delete
Name: LANDMAN, WILLIAM A
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

Title: VP () Delete
Name: KWAIT, RICHARD
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

Title: SVP () Delete
Name: MITCHELL, RICHARD A
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: LANDMAN, WILLIAM A
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

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 Chapter 119, 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: RICHARD A. MITCHELL

V

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date