2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000000267

Entity Name: M.A.S.S. SERVICES, INC.

FILED Oct 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5655 SHIRLEE INDUSTRIAL WAY ALPHARETTA, GA 30004

Current Mailing Address: New Mailing Address:

5655 SHIRLEE INDUSTRIAL WAY ALPHARETTA, GA 30004

FEI Number: 58-1977511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLADE, MARK A 29820 BAYWOOD LANE WESLEY CHAPEL, FL 33543 US

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: MARK A. SLADE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SLADE, PATTY Name: SLADE, PATTY

Address: 1990 LONG HOLLOW LANE Address: 4459 E. BROOKHAVEN DRIVE

City-St-Zip: ALPHARETTA, GA 30004 City-St-Zip: ATLANTA, GA 30319

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ($)} \mbox{ Addition}$

Name: SLADE, MARK Name: SLADE, MARK

Address: 1990 LONG HOLLOW LANE Address: 4459 E. BROOKHAVEN DRIVE

City-St-Zip: ALPHARETTA, GA 30004 City-St-Zip: ATLANTA, GA 30319

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: MARK A. SLADE VP 10/11/2006