2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000276

Entity Name: MSKTD & ASSOCIATES INC.

FILED Jul 10, 2008 Secretary of State

Entity Nar	ne: MSKID&	ASSOCIATES INC.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	NAVOX WAY YNE, IN 46804	ı			
Current Mailing Address:			New Mailing Address:		
	NAVOX WAY YNE, IN 46804	ı			
FEI Number: 35-1438798 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1574 VILLA SUITE 100 TALLAHAS The above	AGE SQUARE SSEE, FL 3230		ırpose of changing i	ts registered offic	ce or registered agent, or both,
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	nt		Date
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPT () SHELDON, ALL 1439 WOOD MG FORT WAYNE,	DOR DR	Title: Name: Address: City-St-Zip:	DPT (X) C KRATZAT, JAMES 5535 BRUNHAM V FORT WAYNE, IN	WOODS LANE
Title: Name: Address: City-St-Zip:	KRATZAT, JAMI	1 WOODS LANE	Title: Name: Address: City-St-Zip:	DVP (X) C THOMPSON, JER 3423 ALBAN COU FORT WAYNE, IN	IRT
Title: Name: Address: City-St-Zip:	DVP () THOMPSON, JE 3423 ALBAN CO FORT WAYNE,	DURT	Title: Name: Address: City-St-Zip:	DVP (X) C DEARING, JAMES 4801 STRATFORI FORT WAYNE, IN	D ROAD
Title: Name: Address: City-St-Zip:	DVP () DEARING, JAMI 4801 STRATFO FORT WAYNE,	RD ROAD	Title: Name: Address: City-St-Zip:	DVP (X) C BACHNIVSKY, GE P.O. BOX 607, 26 ROANOKE, IN 46	16 E 950 N PO
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DS () CI VOIROL, GARY E 10612 LONE EAG FORT WAYNE, IN	ILE WAY

I hereby certify that the information supplied with this filing does not qualify 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: JAMES KRATZAT DPT 07/10/2008