2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002512

Entity Name: MASS OPERATING GROUP, INC.

FILED Apr 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	I STREET ST RINGFIELD, I				
Current Mailing Address:			New Mailing Addres	s:	
	I STREET ST RINGFIELD, I				
FEI Number:	04-3205309	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:	
1200 SOUT	ORATION SY TH PINE ISLA ON, FL 3332	AND ROAD			
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agen	t	Date	
Election Can	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GRINSPOON, 380 UNION ST) Delete HAROLD REET STE 300 GFIELD, MA 01089	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANTHONY, FR 380 UNION ST) Delete IED REET STE 300 GFIELD, MA 01089	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MNICH, JOHN 380 UNION ST) Delete TREET STE 300 GFIELD, MA 01089	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRINSPOON, 380 UNION ST) Delete STEVEN REET STE 300 GFIELD, MA 01089	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GABERMAN, I 217 ARDSLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAVA, JEREN 380 UNION ST) Delete IY REET STE 300 GFIELD, MA 01089	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JEREMY PAVA TD 04/07/2008