

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 009 \*\*\*150.00

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01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000000535</b>					
1. Entity Name: <b>MASSACHUSETTS NUMA, INC.</b>					
Principal Place of Business <b>305 DELTONA BLVD DELTONA, FL 32725-8069</b>			Mailing Address <b>141 MAIN STREET C/O KLINE &amp; CO CPA PC NASHUA, NH 03060-2239</b>		
2. Principal Place of Business <b>828 HEMLOCK CIRCLE</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>DELTONA FL</b>			City & State		
Zip <b>32725</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>04-3172285</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SMITH, LAWRENCE 505 DELTONA BLVD UNIT 105 DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent Name <b>SMITH, LAWRENCE W</b> Street Address (P.O. Box Number is Not Acceptable) <b>828 HEMLOCK CIRCLE</b> City <b>DELTONA, FL</b> Zip Code <b>32725</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Lawrence W. Smith</i></u> DATE: <u>1/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LAWRENCE C 305 DELTONA BLVD UNIT 105 DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D SMITH, LAWRENCE W 828 HEMLOCK CIRCLE DELTONA, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG, GEORGE 10 NORTHERN BOULEVARD, UNIT #12 AMHERST, NH 03031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CHARLES M 505 DELTONA BLVD UNIT 105 DELTONA, FL 327258069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SMITH, CHARLES M 828 HEMLOCK CIRCLE DELTONA, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARKAS, STEPHEN 150 WESTFORD ROAD TYNGSBORO, MA 01879 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LAWRENCE W 505 DELTONA BLVD UNIT 105 DELTONA, FL 327258069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Lawrence W. Smith</i></u> DATE: <u>1/18/05</u> <small>SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					