


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-17-2006 90019 012 ***150.00

DOCUMENT # F99000004890 1. Entity Name M.B.S. MANAGEMENT SERVICES, INC.	
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Principal Place of Business ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001	Mailing Address ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001
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66019875



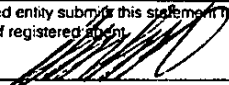
03082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1107655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMUCK, MICHAEL B 13016 LEEDS COURT TAMPA, FL
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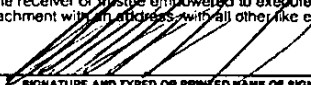
**DO NOT WRITE
IN THIS SPACE**

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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/24/06 <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SMUCK, MICHAEL B ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALES, MARY LYNN ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD SMUCK, CAROL A ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO COUTURE, BRENT ONE GALLERIA BLVD., #1950 METAIRIE, LA 70001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6/16/2006 Daytime Phone # 504-836-5075