


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90014 043 ***150.00

DOCUMENT # F99000006162	
Entity Name MA DESIGN GROUP, INC.	

Principal Place of Business 1750 S BRENTWOOD BLVD STE 701 ST. LOUIS, MO 63144	Mailing Address 1750 S BRENTWOOD BLVD STE 701 ST. LOUIS, MO 63144
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44001207



2. Principal Place of Business 15500 Lightwave Drive	3. Mailing Address
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc.
City & State Clearwater FL	City & State
Zip 33760	Country USA

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 43-1871058	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD ARNOLDY, RICHARD R 1750 SOUTH BRENTWOOD BLVD, SUITE 701 ST. LOUIS, MO 63144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLSTE, STEPHEN F 1750 SOUTH BRENTWOOD BLVD, SUITE 701 ST. LOUIS, MO 63144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERS, GREGORY M 5425 BEAUMONT CENTER BLVD., SUITE 918 TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, RUSSELL R JR. 5425 BEAUMONT CENTER BLVD., SUITE 918 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEUFERT, BRIAN D 5425 BEAUMONT CENTER BLVD., SUITE 918 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, JEFFREY L 1700 SOUTH BRENTWOOD, SUITE 701 ST. LOUIS, MO 63144 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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: 	STEPHEN R. HOLST	1/12/04	314-963-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #