

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1052

DOCUMENT # H00567 1. Entity Name <div style="text-align: center; margin-top: 10px;">MSEI, INC.</div>				 06/11/17 09:43:39	
Principal Place of Business 8150 PRESIDENTS DR. ORLANDO, FL 32809			Mailing Address 8150 PRESIDENTS DR. ORLANDO, FL 32809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11102006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2415354				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			7. Name and Address of New Registered Agent		
RAILEY, LILBURN R., ESQ. 20 N. EOLA DRIVE ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JEAN 8150 PRESIDENTS DRIVE ORLANDO, FL 32809 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, THOMAS M SR. 8150 PRESIDENTS DRIVE ORLANDO, FL 32809 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Thomas M Sr. 8150 Presidents Drive Orlando, Florida 32809 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, THOMAS M JR 8150 PRESIDENTS DRIVE ORLANDO, FL 32809 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOREHEAD, JAMES 801 PRESIDENTS DRIVE ORLANDO, FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081911552 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CODDINGTON, JAMES C 801 PRESIDENTS DRIVE ORLANDO, FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u>Thomas M. Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	



CORPORATION SERVICE COMPANY

2 of 2

RECEIVED

06 NOV 17 PM 12:54

ACCOUNT NO. : 07210000003200000000
REFERENCE : 607277
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 61.25

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
81523A

ORDER DATE : November 17, 2006

ORDER TIME : 10:40 AM

ORDER NO. : 607277-005

CUSTOMER NO: 81523A

ANNUAL REPORT FILING

NAME: MSEI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina Dunlap # 2951

EXAMINER'S INITIALS: _____