

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74854

FILED
Apr 30, 2007
Secretary of State

Entity Name: MDSB, INC.

Current Principal Place of Business:

1126 S. FEDERAL HWY
STE 165
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1126 S. FEDERAL HWY
STE 165
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0002284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERDMAN, VIRGINIA
1126 S. FEDERAL HWY
STE 165
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERDMAN, VIRGINIA,
Address: 2523 BARBARA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: V () Delete
Name: WOLC, LYNNETTE,
Address: 4827 MANGET CT
City-St-Zip: DUNWOODY, GA 30338

Title: S () Delete
Name: ERDMAN, CARRIE,
Address: 510 SW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: V () Delete
Name: WOLC, JESSE,
Address: 4827 MANGET CT.
City-St-Zip: DUNWOODY, GA 30338

Title: T () Delete
Name: ERDMAN, JAMES,
Address: 2523 BARBARA DR.
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WOLC, LYNNETTE,
Address: 4827 MANGET CT
City-St-Zip: DUNWOODY, GA 30338

Title: V (X) Change () Addition
Name: ERDMAN, CARRIE,
Address: 510 SW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S (X) Change () Addition
Name: WOLC, JESSE,
Address: 4827 MANGET CT.
City-St-Zip: DUNWOODY, GA 30338

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA ERDMAN

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date