FILED 2005 FOR PROFIT CORPORATION Apr 30, 2005 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # L18067 1. Entity Name M.S.G., INC. Principal Place of Business Mailing Address 566 N. CITRUS AVE. P.O. BOX 1719 CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34423 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2968341 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARRICK, DAVID M DO NOT WRITE 420 N.W. 6TH ST. APT. 4 IN THIS SPACE CRYSTAL RIVER, FL 34428 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE GARRICK, DAVID M STREET ADDRESS 420 N.W. 6TH ST., #4 CITY-ST-ZIP CRYSTAL RIVER, FL 34428 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

U00000348752 05/02/05-80037-009 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

THE

NAME STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.05

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