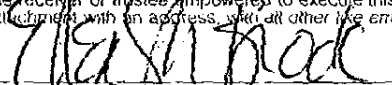


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L98643 1. Entity Name MSELLIE & COMPANY, INC.					
Principal Place of Business 290-174 ST. #1019 MIAMI BEACH FL 33160			Mailing Address 290-174 ST. #1019 MIAMI BEACH FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0219846	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROCK, ELLEN S.L. 290-174 ST. #1019 MIAMI BEACH FL 33160				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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when co-signing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May C-Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	☐ Delete NAME BROCK, ELLEN S STREET ADDRESS 290-174 ST #1019 CITY-ST-ZIP MIAMI BEACH FL		TITLE ☐ Change ☐ Add	NAME 000000488770 STREET ADDRESS 04/17/06-80020-013 CITY-ST-ZIP 150.00	
TITLE VP	☐ Delete NAME BROCK, MICHAEL F STREET ADDRESS 29017 4TH ST #1019 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		TITLE ☐ Change ☐ Add	NAME ☐ Change ☐ Add	
TITLE ☐ Delete	NAME ☐ Change ☐ Add		TITLE ☐ Change ☐ Add	NAME ☐ Change ☐ Add	
TITLE ☐ Delete	NAME ☐ Change ☐ Add		TITLE ☐ Change ☐ Add	NAME ☐ Change ☐ Add	
TITLE ☐ Delete	NAME ☐ Change ☐ Add		TITLE ☐ Change ☐ Add	NAME ☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, when all other are empowered.					
SIGNATURE:  ELLEN S. BROCK 3-31-06 718-570-2651					