2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002396

FILED Mar 24, 2009 Secretary of State

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Entity Na	me: MAS, INC						
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
SUITE 80	RTY COURT	US					
	lailing Address		New Maili	ng Address:			
973 SABA	L GROVE DRIV OGE, FL 32955	Æ					
FEI Number	: 06-1685586	FEI Number Applied For ()	FEI Number Not App	icable () Cert	ificate of Status Desired	d()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ICHAEL A L GROVE DRIV DGE, FL., FL 32						
	named entity s e of Florida.	ubmits this statement for the բ	ourpose of changing i	ts registered office	or registered agent, o	or both,	
SIGNATUI	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () SMITH, MICHAL 973 SABAL GRO ROCKLEDGE, F	OVE DRIVE	Title: Name: Address: City-St-Zip:	()Char	ge () Addition		
Title: Name: Address: City-St-Zip:	O () DEMENDONCA, 973 SABAL GRO ROCKLEDGE, F	OVE DRIVE	Title: Name: Address: City-St-Zip:	O (X) Char DEMENDONCA, SAB 973 SABAL GROVE I ROCKLEDGE, FL 32	DRIVE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O () Char BLAIR, RYAN MR 1880 MURRELL ROA ROCKLEDGE, FL 32			

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A SMITH D 03/24/2009