

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005322

FILED
May 12, 2007
Secretary of State

Entity Name: M.S.D.O.P.A., INC.

Current Principal Place of Business:

5901 PINE ISLAND RD
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

5901 PINE ISLAND RD
PARKLAND, FL 33076

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, ALEXANDRA
5944 CORAL RIDGE DRIVE, #135
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

SULLIVAN, KATHRYN
6917 N. W. 65TH TERRACE
PARKLAND, FL 33067 US

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: KATHRYN SULLIVAN

05/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, ALEXANDRA
Address: 5944 CORAL RIDGE DRIVE, #135
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD () Delete
Name: LEVENSON, ALAN
Address: 9523 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076

Title: SD () Delete
Name: PETTY, GAIL
Address: 3215 NW 114TH LANE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD (X) Delete
Name: SULLIVAN, KATHRYN
Address: 6917 N.W. 65 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: D (X) Delete
Name: CALMER, DEAN
Address: 4341 N.W. 3RD COURT
City-St-Zip: COCONUT CREEK, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SULLIVAN, KATHRYN
Address: 6917 N.W. 65 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: DR (X) Change () Addition
Name: CHEN, HUIFANG
Address: 11451 N.W. 49TH ST.
City-St-Zip: CORAL SPRINGS, FL 33076

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

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

SIGNATURE: KATHRYN SULLIVAN

TD

05/12/2007

Electronic Signature of Signing Officer or Director

Date