
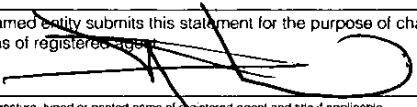
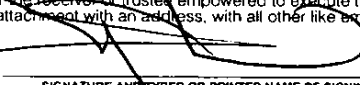


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90028 041 ***150.00

DOCUMENT # P00000055044 1. Entity Name MSR ELECTRONICS, INC.																													
Principal Place of Business 3776 MOON BAY CIR. WEST PALM BEACH, FL 33414			Mailing Address 3776 MOON BAY CIR. WEST PALM BEACH, FL 33414																										
2. Principal Place of Business - No P.O. Box # 9316 CALAMONDIN BLVD Suite, Apt. #, etc.		3. Mailing Address 9316 CALAMONDIN BLVD. Suite, Apt. #, etc.																											
City & State LOXAHATCHEE FL Zip 33470		City & State LOXAHATCHEE FL Zip 33470		4. FEI Number 65-1014674																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RHYND, MICHAEL S 3776 MOON BAY CIR. WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name MICHAEL S. RHYNO Street Address (P.O. Box Number is Not Acceptable) 3776 MOON BAY CIRCLE City WELLINGTON																										
State FL			Zip Code 33414																										
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:  DATE: 04/03/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RHYNO, MICHAEL S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10687 LAGO WELLEBY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	RHYNO, MICHAEL S		STREET ADDRESS	10687 LAGO WELLEBY DRIVE		CITY-ST-ZIP	SUNRISE, FL 33351		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RHYNO, MICHAEL S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3776 MOON BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RHYNO, MICHAEL S.		STREET ADDRESS	3776 MOON BAY CIRCLE		CITY-ST-ZIP	WELLINGTON, FL 33414	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 04/03/07 Daytime Phone #: 561-784-4881																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													