


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

04-12-2007 90028 041 \*\*\*150.00

**DOCUMENT # P0000055044**

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 CALAMONDIA BLVD**

3. Mailing Address  
**9316 CALAMONDIA BLVD**

Suite, Apt. #, etc.

City & State  
**LOXAHATCHEE FL**

City & State  
**LOXAHATCHEE FL**

Zip  
**33470**

Country  
**USA**

Zip  
**33470**

Country  
**USA**



04032007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1014674**

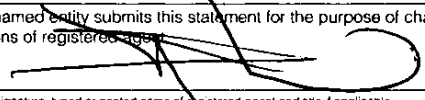
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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** 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**

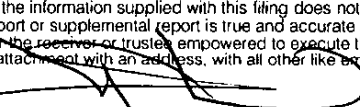
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RHYNO, MICHAEL S 10687 LAGO WELLEBY DRIVE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RHYNO, MICHAEL S. 3776 MOON BAY CIRCLE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR