


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90224 045 ***150.00

DOCUMENT # P00000065548	
1. Entity Name MAGAZINE SERVICES OF AMERICA, INC.	

Principal Place of Business 5609 NW 84TH TERR FORT LAUDERDALE, FL 33351	Mailing Address 5609 NW 84TH TERR FORT LAUDERDALE, FL 33351
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2. Principal Place of Business 8301 W. MCNAB RD.	3. Mailing Address SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMARAC, FL 33321	City & State
Zip 33321	Country

40081880



03092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1023326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELMS, CHRISTOPHER 5609 NW 84TH TERR FORT LAUDERDALE, FL 33351	7. Name and Address of New Registered Agent Name NELMS, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 901 S.E. 7th Ct City Deerfield Beach FL Zip Code 33441
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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 <i>[Signature]</i>	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELMS, CHRISTOPHER		NAME NELMS, CHRISTOPHER	
STREET ADDRESS 5609 NW 84TH TERR		STREET ADDRESS 901 S.E. 7th Ct.,	
CITY-ST-ZIP FORT LAUDERDALE, FL 33351		CITY-ST-ZIP Deerfield Bc h, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: <i>Christopher Nelms</i>	4-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #