

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029963

FILED
Apr 24, 2006
Secretary of State

Entity Name: MANAGEMENT SOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

280 WEKIRA SPRINGS RD STE 201
LONGWOOD, FL 32779

New Principal Place of Business:

280 WEKIVA SPRINGS RD STE 201
LONGWOOD, FL 32779

Current Mailing Address:

280 WEKIRA SPRINGS RD STE 201
LONGWOOD, FL 32779

New Mailing Address:

280 WEKIVA SPRINGS RD STE 201
LONGWOOD, FL 32779

FEI Number: 59-3711278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JABLON, MARC
280 WEKIRA SPRINGS RD STE 201
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

JABLON, MARC
280 WEKIVA SPRINGS RD STE 201
LONGWOOD, FL 32779 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: _____

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEFF, JOHN P
Address: 175 CROWN POINT CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: JABLON, KEITH
Address: 329 BLUE STONE CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Delete
Name: KIMBALL, PEGGY
Address: 2853 CHARMONT DR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: JABLON, MARC
Address: 2149 HARBOR COVE WAY
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: JOHN NEFF

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date