


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90021 026 ***150.00

DOCUMENT # P02000003509		
1. Entity Name MS SUPPLY CO.		

Principal Place of Business 1013 S US HWY 301 TAMPA, FL 33619	Mailing Address PO BOX 2642 BRANDON, FL 33509
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

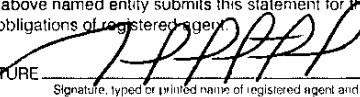
40040501



03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
SANTOS, MANUEL A 1017 US 301 SOUTH STE 101-A TAMPA, FL 33619	

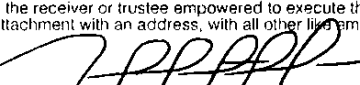
7. Name and Address of New Registered Agent	
Name Manuel Santos	
Street Address (P.O. Box Number is Not Acceptable)	
1013 S. US Hwy 301	
City Tampa	FL Zip Code 33619

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 3/12/07

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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SANTOS, MANUEL A
STREET ADDRESS	1407 NEW BRITAIN DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	V <input type="checkbox"/> Delete
NAME	SANTOS, MAGDALENA
STREET ADDRESS	2025 BELL RANCH ST
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santos, Magdalena
STREET ADDRESS	2005 BRIDGEHAMPTON PL
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 lines empowered.	
SIGNATURE: 	DATE 3/12/07 813-621-2001