

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009726

FILED
Jun 01, 2005
Secretary of State

Entity Name: MSM CONSULTING SERVICES, INC.

Current Principal Place of Business:

3760 HUGH STREET
PORT ORANGE, FL 321294245

New Principal Place of Business:

6140 DEL MAR DRIVE
PORT ORANGE, FL 321276744

Current Mailing Address:

3760 HUGH STREET
PORT ORANGE, FL 321294245

New Mailing Address:

6140 DEL MAR DRIVE
PORT ORANGE, FL 321276744

FEI Number: 43-1949686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MICHAEL S
3760 HUGH STREET
PORT ORANGE, FL 321294245 US

Name and Address of New Registered Agent:

MOORE, MICHAEL S
6140 DEL MAR DRIVE
PORT ORANGE, FL 321276744 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: _____

06/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, MICHAEL S
Address: 3760 HUGH STREET
City-St-Zip: PORT ORANGE, FL 321294245

Title: VSD () Delete
Name: MOORE, CELAYNE M
Address: 3760 HUGH STREET
City-St-Zip: PORT ORANGE, FL 321294245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, MICHAEL S
Address: 6140 DEL MAR DRIVE
City-St-Zip: PORT ORANGE, FL 321276744

Title: VSD (X) Change () Addition
Name: MOORE, CELAYNE M
Address: 6140 DEL MAR DRIVE
City-St-Zip: PORT ORANGE, FL 321276744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL S. MOORE

PD

06/01/2005

Electronic Signature of Signing Officer or Director

Date