

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009726

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** MSM CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

6140 DEL MAR DRIVE  
PORT ORANGE, FL 321276744

**New Principal Place of Business:**

**Current Mailing Address:**

6140 DEL MAR DRIVE  
PORT ORANGE, FL 321276744

**New Mailing Address:**

P.O. BOX 290384  
PORT ORANGE, FL 321290384

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  
6140 DEL MAR DRIVE  
PORT ORANGE, FL 321276744 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOORE, MICHAEL S  
Address: P.O. BOX 290384  
City-St-Zip: PORT ORANGE, FL 321290384

Title: VSD  
Name: MOORE, CELAYNE M  
Address: P.O. BOX 290384  
City-St-Zip: PORT ORANGE, FL 321290384

I hereby 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 all other like empowered.

SIGNATURE: MIKE S. MOORE

PD

04/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date