

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000022106		
1. Entity Name MS-HHA II, INC.		
Principal Place of Business 1666 KENNEDY CAUSWAY 305 NORTH BAY VILLAGE, FL 33141	Mailing Address 1666 KENNEDY CAUSWAY 305 NORTH BAY VILLAGE, FL 33141	
DO NOT WRITE IN THIS SPACE		01162006 No Chg-P CR2E034 (11/05)
		4. FEI Number 02-0613265 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THE LAW OFFICES OF CRAIG M. DORNE, PA 407 LINCOLN ROAD PHSE MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORNE, ALAN 1666 KENNEDY CAUSEWAY #305 NORTH BAY VILLAGE, FL 33141	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELKINS, ROBERT 1666 KENNEDY CAUSEWAY #305 NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, G. HARLEY 1666 KENNEDY CAUSEWAY #305 NORTH BAY VILLAGE, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 507, 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: <u>Harley Sykes</u>		3/28/06 305-993-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #