## ANNUAL REPORT

## FILED DOCUMENT # P02000040530 Apr 11, 2005 08:00 AM 1. Entity Name **Secretary of State** MASS.OP., INC. Principal Place of Business Mailing Address 222 LAKEVIEW AVENUE 222 LAKEVIEW AVENUE SUITE 160 - 263 SUITE 160 - 263 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 A CONTRACTOR OF THE CONTRACTOR DO NOT WRITE IN THIS SPACE 01052005 CR2E034 (10/03) Applied For 4. FEI Number 02-0584821 Not Applicable \$8.75 Additional 5. Centicate of Status Desired The management of the constraint of the second of the seco 6. Name and Address of Current Registered Agent SCHMIDT, HENRY E DO NOT WRITE 222 LAKEVIEW AVE. SUITE 160-263 IN THIS SPACE WEST PALM BEACH, FL 33401 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. em a se como e de martina de la como e dela como e dela como e de la como e dela como e de la como e de la como e dela como e de la como e dela como e dela como e de la como e dela como e PSTD TIBLE SCHMIDT, HENRY E NAME 222 LAKEVIEW AVENUE SUITE 160 STREET ACCRESS . 000000297078 D4711705-80012-020 150.00 WEST PALM BEACH, FL 33401 1377Y-533-37P TITLE MANE STRIBUT ACCORESS Company of the compan CITY-ST-ZIP MILE MANE STREET ACCORDESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ance NONTE The state of the s STREET ADDRESS CITY-ST-ZIP TXTLE NAME STREET ADDRESS والمراجعة CMY-ST-ZP HILE

12. I heroby certify that the information supplied with this fifting does not qualify 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 signature shall have the same legal effect as if made under eath, 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 chapter of the corporation or the receiver of 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 like empower

SIGNATURE:

NAME STREET ADORESS. CERY-SH-70

Henry E. Schmidt