2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000079983

Entity Name: MSL-PAD, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4960 PIGEON PLUM CIRCLE MALBOURNE, FL 32940				4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940		
Current Mailing Address:			New Mailing Address:			
4960 PIGEON PLUM CIRCLE MALBOURNE, FL 32940			4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940			
FEI Number: 05-0524886 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FRESE, GARY B 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE, FL 32901 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:						
	Electronic	Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:	D () E ALLAIRE, DAVID 4960 PIGEON PL MALBOURNE, FL			Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALLAIRE, DAVID 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () E PLIEGO, JOHN A 4960 PIGEON PL MALBOURNE, FL	UM CIRCLE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PLIEGO, JOHN A JR. 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () E D'AMICO, ANTHO 4960 PIGEON PL MALBOURNE, FL	UM CIRCLE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition D'AMICO, ANTHONY M 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () E D'AMICO, SANDR 4960 PIGEON PL MALBOURNE, FL	UM CIRCLE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition D'AMICO, SANDRA M 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () E ALLAIRE, MARIA 4960 PIGEON PL MALBOURNE, FL	UM CIRCLE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALLAIRE, MARIA M 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	
Title: Name: Address: City-St-Zip:	D () E PLIEGO, KAREN 4960 PIGEON PL MALBOURNE, FL	UM CIRCLE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PLIEGO, KAREN 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	

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: MARIA M. ALLAIRE D 04/10/2003