2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015693

FILED Mar 31, 2007 Secretary of State

Entity Name: MEDIA SERVICES GROUP, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
13000 SAWGRASS VILLAGE CIR, STE 36A PONTE VEDRA, FL 32082				149 ROSCOE BLVD. SOUTH PONTE VEDRA, FL 32082			
Current Mailing Address:				New Mailing Address:			
3948 S. TH #191 JACKSON	HIRD ST. VILLE BEACH	H, FL 32250					
FEI Number:	54-1566229	FEI Number Applied For ()	FEI Number	Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Na	me and	Address	of New Registered Agent:	
REED, GEORGE R 13000 SAWGRASS VILLAGE CIR, STE 36A PONTE VEDRA, FL 32082 US				REED, GEORGE R 149 ROSCOE BLVD. SOUTH PONTE VEDRA, FL 32082 US			
	named entity e of Florida.	submits this statement for the	purpose of ch	anging it	ts register	ed office or registered agent, or both,	
SIGNATURE:						03/31/2007	
	Electro	nic Signature of Registered Ag	gent			Date	
Election Car	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MACCINI, RO	ISTER ST., #701				() Change() Addition	
Title: Name: Address: City-St-Zip:	WHITLEY, WI	GHAM DRIVE, #209				() Change () Addition	
Title: Name: Address: City-St-Zip:	REED, GEORG 3948 S. THIRE) Delete GE R) STREET, #191 E BEACH, FL 32250				() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MERRILL, GR 1289 NORTH LOGAN, UT 8	1500 EAST				() Change () Addition	
Title:	D () Delete	Title	e:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

MCKINLEY, THOMAS R

MORRISTOWN, NJ 07960

45 PARK PLACE SOUTH, #146

SIGNATURE: GEORGE R. REED MD 03/31/2007

MCKINLEY, THOMAS R

2269 CHESTNUT ST., #270

SAN FRANCISCO, CA 94123

Name:

Address:

City-St-Zip: