

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016990

FILED
Apr 08, 2005
Secretary of State

Entity Name: MGL PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1684 AUSTIN LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1684 AUSTIN LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 65-1173846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 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: D () Delete
Name: LYNCH, GINA-MARIE
Address: 1684 AUSTIN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: LYNCH, MICHAEL P
Address: 1684 AUSTIN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LYNCH, GINA-MARIE
Address: 1684 AUSTIN LANE
City-St-Zip: ST. AUGUSTINE, DE 32092

Title: V (X) Change () Addition
Name: LYNCH, MICHAEL P
Address: 1684 AUSTIN LANE
City-St-Zip: ST. AUGUSTINE, DE 32092

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: GINA-MARIE LYNCH

PRE

04/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date