


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 022 ***150.00

DOCUMENT # P03000032286 1. Entity Name THE MASTER'S AGENCY, INC.	
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Principal Place of Business 3301 HADLEIGH CREST ORLANDO, FL 32817	Mailing Address 3301 HADLEIGH CREST ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0512446	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 LAWSON, ANDREW 3301 HADLEIGH CREST ORLANDO, FL 32817	DO NOT WRITE IN THIS SPACE
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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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAWSON, ANDREW 3301 HADLEIGH CREST ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAWSON, DEANNA 3301 HADLEIGH CREST ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

407-679-5710

Daytime Phone #