


FROM :

FAX NO. : 4078314407

Apr. 27 2005 02:08PM P2

FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083287	
1. Entity Name MKSS CORPORATION	

Principal Place of Business 800 PHEASANT RUN COURT PORT ORANGE, FL 32127	Mailing Address 800 PHEASANT RUN COURT PORT ORANGE, FL 32127
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1704506	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 SODHI, MANMOHAN 800 PHEASANT RUN COURT PORT ORANGE, FL 32127	DO NOT WRITE IN THIS SPACE
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 fee if applicable. (NOTE: Registered Agent signature required when re-issuing) 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	P SODHI, MANMOHAN 800 PHEASANT RUN CT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SODHI, KAVAJIT 800 PHEASANT RUN CT PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(c), 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: M. Sodhi 04/26/05 304-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #