


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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SODHI, MANMOHAN 800 PHEASANT RUN COURT PORT ORANGE, FL 32127		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> 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
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SODHI, MANMOHAN	
STREET ADDRESS	800 PHEASANT RUN CT	
CITY - ST - ZIP	PORT ORANGE, FL 32127	
TITLE	T	
NAME	SODHI, KAVAJIT	
STREET ADDRESS	800 PHEASANT RUN CT	
CITY - ST - ZIP	PORT ORANGE, FL 32127	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <i>M. Sodhi</i>		04/26/05 1386 304-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1704506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

50.00