

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119281

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: MANAGEMENT STRATEGIES RESOURCES, INC.

## Current Principal Place of Business:

3 GROVE ISLE., #208  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3 GROVE ISLE., #208  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 20-0330183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.  
329 GRANELLO AVENUE  
CORAL GABLES, FL 33146 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: WALSH, DIANE L  
Address: 3 GROVE ISLE., #208  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WALSH, DIANE L  
Address: 3 GROVE ISLE, #208  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Change (X) Addition  
Name: WALSH, JOHN W  
Address: 3 GROVE ISLE, #208  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Change (X) Addition  
Name: WALSH, LINDA J  
Address: 3415 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: DIANE WALSH

D

04/23/2006

Electronic Signature of Signing Officer or Director

Date