


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P04000046829	
1. Entity Name MAS DEVELOPMENT CORP.	
	
Principal Place of Business 1930 HARRISON ST SUITE 502 HOLLYWOOD, FL 33020	Mailing Address 1930 HARRISON ST SUITE 502 HOLLYWOOD, FL 33020



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0877399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENENSON, ALAN 1930 HARRISON ST SUITE 502 HOLLYWOOD, FL 33020		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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000803044 02/05/08-80008-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	BENENSON, ALAN
NAME BENENSON, ALAN	1930 HARRISON ST SUITE 502
STREET ADDRESS 1930 HARRISON ST SUITE 502	HOLLYWOOD, FL 33020
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE VP	SHER, MICHAEL
NAME SHER, MICHAEL	1930 HARRISON ST STE 502
STREET ADDRESS 1930 HARRISON ST STE 502	HOLLYWOOD, FL 33020
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN BENENSON

1/24/08

954-927-2717

Date

Daytime Phone #