

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064810

Entity Name: MASTER SUPPORT, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

51 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

51 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 34-2012452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, LINDA
2482 PINE CHASE CIR
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

PETERSON, LINDA
1592 ANORADA BLVD
KISSIMMEE, FL 34744 US

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: LINDA PETERSON

01/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, LEONARD
Address: 51 NORTH HOAGLAND BOULEVARD
City-St-Zip: KISSIMMEE, FL 34741

Title: VSTD () Delete
Name: PETERSON, LINDA
Address: 51 NORTH HOAGLAND BOULEVARD
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LEONARD PETERSON

PD

01/10/2009

Electronic Signature of Signing Officer or Director

Date