2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P04000077088

Entity Name: MURPHY-MASON FAMILY INVESTMENTS, INC.

Current Principal Place of Business:

LAUREL HOUSE, TETCHILL
ELLESMERE SHROPSHIRE
SY12 9AP, XX

New Principal Place of Business:

LAUREL HOUSE, TETCHILL
ELLESMERE
SHROPSHIRE, UK SY12 9AP UK

Current Mailing Address:

LAUREL HOUSE, TETCHILL
ELLESMERE SHROPSHIRE
SY12 9AP, XX

New Mailing Address:

BABIONE, KUEHLER & CASHLOW,
4060 EDGEWATER DRIVE
ORLANDO,, FL 32804 FL

FEI Number: 83-0416565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
255 S ORANGE AVE
17TH FLOOR
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, CLAIRE
Address: LAUREL HOUSE, TETCHILL
City-St-Zip: ELLESMERE, SHROPSHIRE, UK SY129AP OC

Title: VSD ( ) Delete
Name: MURPHY, CHRISTOPHER
Address: LAUREL HOUSE, TETCHILL
City-St-Zip: ELLESMERE, SHROPSHIRE, UK SY129AP OC

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 for the exemption stated in Section 119.07(3)(i), 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: CLAIRE DIANA MURPHY PD 07/07/2005

Electronic Signature of Signing Officer or Director — Date