


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90301 012 \*\*\*158.75

<b>DOCUMENT # P04000117958</b>		
1. Entity Name <b>M S WORKS INCORPORATED</b>		

Principal Place of Business <b>6327 N.W. 170TH LANE MIAMI, FL 33015 US</b>	Mailing Address <b>6327 N.W. 170TH LANE MIAMI, FL 33015 US</b>
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2. Principal Place of Business <b>5206 RED BUG LAKE RD</b>	3. Mailing Address <b>8430 LAKE BURDEN CIR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WINTER SPRINGS, FL</b>	City & State <b>WINDERMERE, FL</b>
Zip <b>32708</b>	Zip <b>34786</b>
Country	Country



01192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>80-0119841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES WANLISS, MARK L. 6327 N.W. 170TH LANE MIAMI, FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES WANLISS, MARK L. 8430 LAKE BURDEN CIR WINDERMERE, FL 34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECR WANLISS, TREVOR L. 6327 N.W. 170TH LANE MIAMI, FL 33015</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA WANLISS, SANDRA A. 6327 N.W. 170TH LANE MIAMI, FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA WANLISS, SANDRA A. 8430 LAKE BURDEN CIR WINDERMERE, FL 34786</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: MARK L. WANLISS **MARK L. WANLISS** **03-15-05** **89071774-9663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #