


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000117958</b> 1. Entity Name M S WORKS INCORPORATED	
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Principal Place of Business 5266 RED BUG LAKE RD WINTER SPRINGS, FL 32708 US	Mailing Address 5266 RED BUG LAKE RD WINTER SPRINGS, FL 32708 US
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**DO NOT WRITE IN THIS SPACE**



09082006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0119841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD. SUITE 400 MIAMI BEACH, FL 33139
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**DO NOT WRITE  
IN THIS SPACE**

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 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WANLISS, MARK L 8430 LAKE BURDEN CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WANLISS, SANDRA A 8430 LAKE BURDEN CIRCLE WINDERMERE, FL 34786
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U00000576643  
09/11/06-80002-021 150.00

**DO NOT WRITE  
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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 lines empowered.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>09-16-06</b> Daytime Phone #
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