2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146562

Entity Name: EXPRESS SOLUTION MS INC.

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2758 FOUNTAIN VIEW CIRCLE 10101 SANDY HOLLOW LN

UNIT 106 UNIT 104

NAPLES, FL 34109 BONITA SPRING, FL 34135

Current Mailing Address: New Mailing Address:

2758 FOUNTAIN VIEW CIRCLE 10101 SANDY HOLLOW LN UNIT 106 UNIT 104

NAPLES, FL 34109 BONITA SPRING, FL 34135

FEI Number: 14-1917196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: GIMENEZ, DAVID J Name: GIMENEZ, DAVID J
Address: 2758 FOUNTAIN VIEW CIRCLE Address: 10101 SANDY HOLLOW LN 104

City-St-Zip: NAPLES, FL 34109 City-St-Zip: BONITA SPRING, FL 34135

Title: SD () Delete Title: SD (X) Change () Addition Name: GIMENEZ, ARMANDO J Name: GIMENEZ, ARMANDO J

Address: 2758 FOUNTAIN VIEW CIRCLE Address: 10101 SANDY HOLLOW LN 104
City-St-Zip: NAPLES, FL 34109 City-St-Zip: BONITA SPRING, FL 34135

Title: TD () Delete Title: TD (X) Change () Addition

Name: GIMENEZ, OMÂR D Name: GIMENEZ, OMÂR D

Address: 2758 FOUNTAIN VIEW CIRCLE Address: 10101 SANDY HOLLOW LN 104
City-St-Zip: NAPLES, FL 34109 City-St-Zip: BONITA SPRING, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID GIMENEZ PD 05/02/2006