

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164710

FILED
Mar 04, 2007
Secretary of State

Entity Name: MS DIVERSIFIED, INC.

Current Principal Place of Business:

7678 SE BAY CEDAR CIRCLE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

7678 SE BAY CEDAR CIRCLE
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 20-1972746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, STEPHEN
100 VILLAGE SQUARE CROSSING
ST 103
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIECKS, DEBORAH
Address: 6930 WILSON ROAD
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VP () Delete
Name: HICKEY, MARGARET
Address: 7678 SE BAY CEDAR CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SEC () Delete
Name: HICKEY, MARGARET
Address: 7678 SE BAY CEDAR CIRCLE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: TREA () Delete
Name: RIECKS, DEBORAH
Address: 6930 WILSON ROAD
City-St-Zip: WEST PALM BEACH, FL 33455 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MARGARET HICKEY

MGRM

03/04/2007

Electronic Signature of Signing Officer or Director

Date