


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90042 027 \*\*\*150.00

<b>DOCUMENT # P05000007702</b> 1. Entity Name <b>MEDIA SOLUTIONS &amp; SERVICES, INC.</b>																													
Principal Place of Business <b>1400 SW CHAPMAN WAY SUITE C PALM CITY, FL 34990</b>			Mailing Address <b>1400 SW CHAPMAN WAY SUITE C PALM CITY, FL 34990</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>20-2175453</b>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GOODBREAD, MICHAEL E JR FOWLER WHITE BOGGS BANKER P.A. 50 NORTH LAURA ST, STE 2200 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 _____ <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MCENTRA, WILLIAM J III</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1400 SW CHAPMAN WAY STE C</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>PALM CITY, FL 34990</b></td> <td></td> </tr> </table>				TITLE	P	<input type="checkbox"/> Delete	NAME	<b>MCENTRA, WILLIAM J III</b>		STREET ADDRESS	<b>1400 SW CHAPMAN WAY STE C</b>		CITY - ST - ZIP	<b>PALM CITY, FL 34990</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>McEntee, William J. III</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1400 SW Chapman Way #c</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>Palm City, FL 34990</b></td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>McEntee, William J. III</b>		STREET ADDRESS	<b>1400 SW Chapman Way #c</b>		CITY - ST - ZIP	<b>Palm City, FL 34990</b>	
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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 like empowered.																													
<b>SIGNATURE:</b> <u>William J. McEntee</u> <b>William J. McEntee</b> <u>1/24/08</u> <u>561-876-3528</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													