


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90094 001 ***150.00

DOCUMENT # P05000051947 1. Entity Name MSBI, INC.			
Principal Place of Business 3302 ATHENA DR WINTER PARK, FL 32792		Mailing Address 3302 ATHENA DR WINTER PARK, FL 32792	
2. Principal Place of Business 7213 Sandcastle Ct Suite, Apt. #, etc. Suite #10		3. Mailing Address Suite, Apt. #, etc. 	
City & State Winter Park, FL		City & State 	
Zip 32792		Zip 	
Country USA		Country 	
4. FEI Number 20-21002468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFETT, MATTHEW B 3302 ATHENA DR WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Matthew Moffett Street Address (P.O. Box Number is Not Acceptable) 3302 Athena Drive City Winter Park FL Zip Code 32792	
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 <u><i>Matthew Moffett</i></u> DATE <u>3/10/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOFFETT, MATTHEW B 3302 ATHENA DR WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOFFETT, AIMEE 3302 ATHENA DR WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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.			
SIGNATURE: <u><i>Matthew Moffett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-13-06</u> <u>407-830-8352</u> <small>Date Daytime Phone #</small>	