
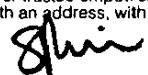


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90075 024 ***150.00

DOCUMENT # P05000059976 1. Entity Name MSP DATA SYSTEMS, INC.					
Principal Place of Business 2290 N RONALD REAGAN BLVD SUITE 140 LONGWOOD, FL 32750			Mailing Address 2290 N RONALD REAGAN BLVD SUITE 140 LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-2721395			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 PARPIA, PARVEEN 2290 N RONALD REAGAN BLVD SUITE 140 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P PARPIA, PARVEEN <input type="checkbox"/> Delete 2290 N RONALD REAGAN BLVD SUITE 140 LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARPIA, PARVEEN 480 LAKE BENNETT CT. LONGWOOD FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA <input type="checkbox"/> Delete PARPIA, PARVEEN 2290 N RONALD REAGAN BLVD SUITE 140 LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARPIA, PARVEEN 480 LAKE BENNETT CT. LONGWOOD FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PARPIA, SHANKATALI 2290 N. RONALD REAGAN BLVD, STE 140 LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARPIA, SHANKATALI 480 LAKE BENNETT CT. LONGWOOD FL 32750	
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	
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	
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: 			SHANKATALI PARPIA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 02/07/07 Daytime Phone # 407265 1008		