

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000164771

1. Entity Name
M. S. R. SOLUTIONS, INC.



**FILED
Feb 23, 2006 8:00 am
Secretary of State**

02-23-2006 90015 027 ***150.00

40016300



02102006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
4422 SINTINA COURT VENICE, FL 34293 US		4422 SINTINA COURT VENICE, FL 34293 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ADDISON, MICHAEL C 400 N. TAMPA ST. SUITE 1100 TAMPA, FL 33602			

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: *Benedetto M. Fosco / President* DATE: *2/18/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
TITLE: PSTD NAME: FOSCO, BENEDETTO M STREET ADDRESS: 4422 SINTINA COURT CITY-ST-ZIP: VENICE, FL 34293		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Delete	
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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.

SIGNATURE: *Benedetto M. Fosco* Date: *2/18/06* Daytime Phone #: *239-671-0164*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR