


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 016 ***150.00

DOCUMENT # P06000013945 1. Entity Name MSB BUILDERS, INC.					
Principal Place of Business 2110 FREDRICA DRIVE ORLANDO, FL 32812 FL			Mailing Address 2110 FREDRICA DRIVE ORLANDO, FL 32812 FL		
2. Principal Place of Business - No P.O. Box # 1800 PEMBRUCK DR		3. Mailing Address 1800 PEMBRUCK DR			
Suite, Apt. #, etc. #300		Suite, Apt. #, etc. #300			
City & State ORLANDO FL		City & State ORLANDO, FL		4. FEI Number 84-1700243	
Zip 32810		Zip 32810		Country USA	
Country USA		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARONOFF, LEN 2110 FREDRICA DRIVE ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Michelle L. Sickler Street Address (P.O. Box Number is Not Acceptable) 1800 PEMBRUCK DR #300 City ORLANDO FL Zip Code 32810	
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>Michelle L. Sickler</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input type="checkbox"/> Delete SICKLER, MICHELLE L 2110 FREDRICA DRIVE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, <input type="checkbox"/> Delete BRIDGES, WARREN 2110 FREDRICA DRIVE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete ARONOFF, LEN 2110 FREDRICA DRIVE ORLANDO, FL 32812		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	
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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: *Michelle L. Sickler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40119433

Gentlemen:

~~#PO 6000013975~~

Please accept this corrected Annual Report.

As there was a mixup in the company's address, the company did not timely receive its notice to file annual report.

Thank you for your help in straightening out this matter.

Len Aronoff