

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 30, 2008
Secretary of State**

DOCUMENT# P06000084124

Entity Name: MS D'S PLACE, INC.

Current Principal Place of Business:

2500 W HWY 329
CITRA, FL 32113

New Principal Place of Business:

15330 NW GAINESVILLE RD
REDDICK, FL 32686

Current Mailing Address:

2500 W HWY 329
CITRA, FL 32113

New Mailing Address:

P O BOX 262
REDDICK, FL 32686

FEI Number: 76-0831454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, KENNETH
2500 W HWY 329
CITRA, FL 32113 US

Name and Address of New Registered Agent:

HOWARD, KATHLEEN
2530 W HWY 329
CITRA, FL 32113 US

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.

SIGNATURE: KATHLEEN HOWARD

09/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, CYNTHIA
Address: 2800 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: WARD, KENNETH
Address: 2500 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: P () Delete
Name: WARD, CYNTHIA
Address: 2500 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: VP (X) Delete
Name: WARD, KENNETH
Address: 2500 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: S (X) Delete
Name: WARD, CYNTHIA
Address: 2500 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: T (X) Delete
Name: WARD, KENNETH
Address: 2500 W HWY 329
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOWARD, KATHLEEN
Address: 2530 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: TREA (X) Change () Addition
Name: HOWARD, KATHLEEN
Address: 2530 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: SECR (X) Change () Addition
Name: HOWARD, KATHLEEN
Address: 2530 W HWY 329
City-St-Zip: CITRA, FL 32113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN HOWARD

PRES

09/30/2008

Electronic Signature of Signing Officer or Director

Date