


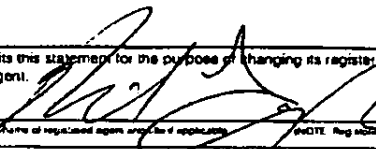
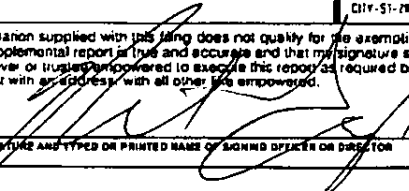
FILED
May 23, 2007 8:00 am
Secretary of State

04-16-2007 90061 027 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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DOCUMENT # P06000089041			
1. Entity Name MSTP, INC.			
Principal Place of Business 602 KELLSTADT ST NW PORT CHARLOTTE, FL 33952-6420		Mailing Address 602 KELLSTADT ST NW PORT CHARLOTTE, FL 33952-6420	
2. Principal Place of Business - No P.O. Box # 508 KELLSTADT ST Suite, Apt. #, etc.		3. Mailing Address 508 KELLSTADT ST Suite, Apt. #, etc.	
City & State Port Charlotte, FL Zip 33952 County Charlotte		City & State Port Charlotte, FL Zip 33952 County Charlotte	
4. FEI Number 20-5161494		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEW, JAMES R 22212 MONTROSE AVE PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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: 		DATE: 4/16/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL	NAME	
STREET ADDRESS	802 KELLSTADT ST NW	STREET ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33952-6420	CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, SCOTT	NAME	
STREET ADDRESS	21044 RANDALL AVE	STREET ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33952	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANTHONY	NAME	
STREET ADDRESS	802 KELLSTADT ST NW	STREET ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33952-6420	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, PAULE	NAME	
STREET ADDRESS	2290 BEACON DR	STREET ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE, FL 33952	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 filers empowered.			
SIGNATURE: 		DATE: 4/16/07 941-2760060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	