## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000101946

City-St-Zip:

JACKSONVILLE, FL 32257 US

FILED May 04, 2007 Secretary of State

Entity Name: MASTER PAVERS SERVICES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3820 LOSC 515	O RD				
	VILLE, FL 3225	7 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3820 LOSC 515	ORD				
JACKSON'	VILLE, FL 3225	7 US			
FEI Number:	20-5342599	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SHOCKMEDIA CORPORATION 7862 W IRLO BRONSON HWY 121 KISSIMMEE, FL 34747 US			CORREA, JOSE C 3820 LOSCO RD 515 JACKSONVILLE, FL 3	3820 LOSCO RD	
The above in the State		bmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JOSE C CORREA				05/04/2007	
Electronic Signature of Registered Agent			nt	Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D CORREA, JOSE 0 3820 LOSCO RD, JACKSONVILLE,	C APT#515	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D NOGUEIRA, PALO 3820 LOSCO RD, JACKSONVILLE,	DMA G APT#515	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S (X) D DA SILVA, PAULO 3820 LOSCO RD,		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: JOSE C CORREA Ρ 05/04/2007