2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038523

Entity Name: MS ADVISOR GROUP INC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	EZY OAK WAY N BEACH, FL 3		US				
Current M	lailing Addres	is:		New Maili	ng Address	:	
	EZY OAK WAY N BEACH, FL 3		US				
FEI Number	: 74-3257297	FEI Nu	ımber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent	Registered Agent:	Name and	Address of	New Registered Agent:	
8607 BRE	MOHAMMAD H EZY OAK WAY N BEACH, FL (<i>(</i>	US				
	e named entity s e of Florida.	submits	this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				ent	Date		
Election Ca	mpaign Financing	g Trust F	und Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () MAMUN, MOHA 8607 BREEZY BOYNTON BEA	OAK WAY		Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () MAMUN, SADIA 8607 BREEZY BOYNTON BEA	OAK WAY		Title: Name: Address: City-St-Zip:	1	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MAMUN, NOU 8607 BREEZ		

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: MOHAMMAD H MAMUN P 04/30/2009