2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 31, 2007 8:00 am Secretary of State **DOCUMENT # P94000006121** 01-31-2007 90053 046 ***158.75 1. Entity Name M. S. ROGERS, INC. Principal Place of Business Mailing Address 12701 METRO PKWY 7863 OREW CR P.O. BOX 60657 40007879 STE & FT MYERS, FL 33906 FT MYERS, FL 33912 3396 No Chg-P CR2E034 (11/05) 01252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0468140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROGERS, MARK'S ... DO NOT WRITE 12701 METRO PKWY 7863 OREW CR. STE / FT MYERS, FL. 33012 IN THIS SPACE 33967 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROGERS::MARK S NAME 12701-METROPKW-1863 OREW CR. STE 1 FT MYERS, FL 33967 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental 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 by trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if man and resp., with all other like empowered. I hereby certify that the information indicated on this report or supplied the corporation or the receive of the corporation. changed, or on an attachment with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED