

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057677

FILED
Apr 09, 2009
Secretary of State

Entity Name: MOUNTING SOLUTIONS PLUS, INC.

Current Principal Place of Business:

10655 SW 185TH TER
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

PO BOX 97-1202
MIAMI, FL 33197 US

New Mailing Address:

FEI Number: 65-0512478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEER, NED
10655 SW 185TH TER
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHEER, NED
Address: 10655 SW 185TH TER
City-St-Zip: MIAMI, FL 33157

Title: DVP () Delete
Name: SCHEER, JUDITH
Address: 10655 SW 185 TERR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SCHEER, STEPHEN
Address: 10655 SW 185 TERR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SCHEER, LORI
Address: 10655 SW 185 TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NED SCHEER

DP

04/09/2009

Electronic Signature of Signing Officer or Director

Date