


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000091539</b> 1. Entity Name MSGs, INC.	
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Principal Place of Business 6718 SIMMONS LOOP RIVERVIEW, FL 33569 US	Mailing Address 6718 SIMMONS LOOP RIVERVIEW, FL 33569 US
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3295113	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

SIMMONS JR., E. GEORGE  
6718 SIMMONS LOOP  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SIMMONS, SANDRA 6718 SIMMONS LOOP RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIMMONS JR., E. GEORGE 6718 SIMMONS LOOP RIVERVIEW, FL
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100000470015  
03/27/06-80025-024 150.00

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 507, 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 like empowered.

**SIGNATURE:** Sandra Simmons JANDRA SIMMONS 1-17-06 813-677-5267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #