


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 007 ***150.00

DOCUMENT # P95000005328 1. Entity Name M.S.B. FINANCIAL SERVICES, INC.																													
Principal Place of Business				Mailing Address																									
2. Principal Place of Business 2141 North University Dr. Suite, Apt. #, etc. 362 City & State Coral Springs, FL Zip 33071		3. Mailing Address 2141 North University Dr. Suite, Apt. #, etc. 362 City & State Coral Springs, FL Zip 33071																											
4. FEI Number 65-0557120				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02162006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent BRODER, MARC S 2141 North University Dr. Suite 362 Coral Springs, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 reinstalling) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06

Date

954-345-1572

Daytime Phone #