2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061712

Title:

Name:

Address:

City-St-Zip:

FILED Jan 24, 2007 Secretary of State

Entity Name: MSW FINANCIAL SERVICES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	GRASS VILL DRA, FL 320				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4811 BEAC SUITE 300 JACKSON		207 US			
FEI Number:	59-3460747	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SMITH, JOHN L 4811 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32204 US			RAWLINS, STEVEN D 4811 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32	4811 BEACH BLVD	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: STEVEN	I D RAWLINS		01/24/2007	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, JOHN	BLVD STE. 300	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	RAWLINS, ST	BLVD. STE. 300	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	HUGGETT, GA	BLVD., SUITE 300	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SCALES, JEF	BLVD., SUITE 300	Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN D RAWLINS D 01/24/2007

() Delete

4811 BEACH BLVD. SUITE 300

JACKSONVILLE, FL 32207

REDDEN, ABBEY K

() Change () Addition