2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P98000041872

Entity Name: M.S.D. INC.

Current Principal Place of Business:

7239 HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569

New Principal Place of Business:

202 SOUTH 22ND ST.
#212
TAMPA, FL 33605

Current Mailing Address:

7239 HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569

New Mailing Address:

202 SOUTH 22ND ST.
#212
TAMPA, FL 33605

FEI Number: 59-3509692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTIRE, PETER
7239 HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MCINTIRE, PETER
202 SOUTH 22ND ST.
#212
TAMPA, FL 33605 US

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: PETER MCINTIRE 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTINO, SAMUEL D.O.
Address: 7239 HIGHWAY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: DAWSON, JACQUI D.O.
Address: 7239 HIGHWAY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: SIRCHIA, FRANK M.D.
Address: 7239 HIGHWAY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: PRES ( ) Delete
Name: MCINTIRE, PETER
Address: 2315 CLEWIS COURT, #103
City-St-Zip: TAMPA, FL 33629

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: PRES (X) Change ( ) Addition
Name: MCINTIRE, PETER
Address: 202 SOUTH 22ND ST., #212
City-St-Zip: TAMPA, FL 33605

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.

SIGNATURE: PETER MCINTIRE P 04/27/2006
Electronic Signature of Signing Officer or Director Date