

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000065212	
1. Entity Name MASSON PROPERTIES INC.	
Principal Place of Business 3931 OCALA ROAD LANTANA, FL 33462	Mailing Address 3931 OCALA ROAD LANTANA, FL 33462



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PINKWASSER, ALAN 3931 OCALA ROAD LANTANA, FL 33462		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 _____ U000000583952
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 01/12/07 80012-024 158.75

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MASSON, LOUIS 3931 OCALA ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CRAWLEY, LISA 414 S. 9TH STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASSON, PETER 4322 FOSS RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWLEY, WILLIAM 414 S. 9TH STREET LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Louis Masson Peter* **LOUIS MASSON** 1-8-07 561-278-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #