

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026045

Entity Name: MSA LIMITED, INC.

FILED
Feb 12, 2006
Secretary of State

Current Principal Place of Business:

9122 MIDNIGHT PASS RD
UNIT 21
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

9122 MIDNIGHT PASS RD
UNIT 21
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 65-0907351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRINGTON, ALAN
9122 MIDNIGHT PASS RD
UNIT 21
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MERRINGTON, ALAN
Address: 1235 SOUTHPORT DR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: MERRINGTON, LYNNE
Address: 1235 SOUTHPORT DR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: MERRINGTON, BRETT
Address: 1235 SOUTHPORT DR
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MERRINGTON, ALAN
Address: 9122 MIDNIGHT PASS RD #21
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: MERRINGTON, LYNNE
Address: 9122 MIDNIGHT PASS RD #21
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: MERRINGTON, BRETT
Address: 9122 MIDNIGHT PASS RD #21
City-St-Zip: SARASOTA, FL 34242

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: ALAN S MERRINGTON

PRES

02/12/2006

Electronic Signature of Signing Officer or Director

Date