2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028676

Entity Name: MS PRODUCTS & SERVICES, INC.

FILED Feb 04, 2009 Secretary of State

| Current P | rincipal Place | of Business: | New Princ | New Principal Place of Business: | | | |
|---|--|-------------------------------|---|--|------------------------------------|--|--|
| 481 KENTI CASSELBI | IA ROAD ERRY, FL 3280 | 07 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | | |
| 481 KENTI CASSELBI | IA ROAD ERRY, FL 3280 | 07 | | | | | |
| FEI Number: | : 59-3569251 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired () | | |
| Name and | Address of C | urrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| 481 KENŤI | MADELINE IA ROAD ERRY, FL 3280 | 07 US | | | | | |
| | named entity s e of Florida. | ubmits this statement for the | purpose of changing it | ts registered of | fice or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | | |
| | Electroni | c Signature of Registered Ac | gent | | Date | | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D () SCARFO, MADE 481 KENTIA RO CASSELBERRY | AD | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D () SCARFO, JAME 481 KENTIA RO CASSELBERRY | AD | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D () SCARFO, ALBE 2522 HEATH CT KISSIMMEE, FL | | Title: Name: Address: City-St-Zip: | D (X) SCARFO, ALBEI 606 PENNSYVAI ST. CLOUD, FL | NIA AVE. | | |

I hereby certify that the information supplied with this filing does not qualify 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: MADELINE SCARFO D. 02/04/2009