

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095152

Entity Name: MASTERSCAPE, INC.

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

591 SAND WEDGELOOP
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

591 SAND WEDGELOOP
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3606553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BERRY J JR.
1053 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

WALKER, BERRY J JR.
1053 MAITLAND CENTER COMMONS BLVD.
#200
MAITLAND, FL 32751 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:

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, CHRISTOPHER S
Address: 591 SAND WEDGE LOOP
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: WILSON, LORRAINE D
Address: 591 SAND WEDGE LOOP
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRAINE D. WILSON

SD

03/31/2005

Electronic Signature of Signing Officer or Director

Date