


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 031 ***158.75

DOCUMENT # P99000095791	
1. Entity Name MSH RENOVATIONS, INC.	

Principal Place of Business 30 SE 14TH ST. DANIA, FL 33004	Mailing Address 30 SE 14TH ST. DANIA, FL 33004
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0957670	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HELMS, MICHAEL S 1647 FLETCHER STREET 30 SE 14th St. HOLLYWOOD, FL 33029 DANIA, FL 33004

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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P HELMS, MICHAEL S 30 SE 14TH STREET DANIA, FL 33004
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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: <i>Michael S. Helms</i>	2/17/06	954 275 6248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #