

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000108212

1. Entity Name

M.S.B. FINANCIAL CONSULTANTS, INC.



Principal Place of Business

**10501 W. BROWARD BLVD., #304
PLANTATION, FL 33324**

Mailing Address

**10501 W. BROWARD BLVD., #304
PLANTATION, FL 33324**



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0969922

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRAULT, MICHAEL
10501 W. BROWARD BLVD., #304
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**U000000733412
05/09/07 00005-006 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME BRAULT, MICHAEL
STREET ADDRESS 10501 W. BROWARD BLVD., #304
CITY-ST-ZIP PLANTATION, FL 33324**

**TITLE
NAME
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CITY-ST-ZIP**

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CITY-ST-ZIP**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

[Signature]

MICHAEL

BRAULT

4/24/07

(454) 749-8802