2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05090

Entity Name: M S DEVELOPMENT CORP

FILED Jan 20, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

340 NE 27 STREET 3500 HARBOR CIRCLE

POMPANO BEACH, FL 33064 DELRAY BEACH, FL 33483 US

Current Mailing Address: New Mailing Address:

340 NE 27 STREET 3500 HARBOR CIRCLE

POMPANO BEACH, FL 33064 DELRAY BEACH, FL 33483 US

FEI Number: 65-0250582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASSA, ROY G. 3500 HARBOR CIRCLE DELRAY, FL 33483 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV () Delete Title: DVT (X) Change () Addition

 Name:
 SAINMERVIL, DARMA,
 Name:
 SAINMERVIL, DARMA,

 Address:
 9179 SW 16TH STREET
 Address:
 9179 SW 16TH STREET

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL

Title: DPS () Delete Title: () Change () Addition

 Name:
 MASSA, ROY G.,
 Name:

 Address:
 3500 HARBOR CIRCLE
 Address:

 City-St-Zip:
 DELRAY, FL
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 HEISE, MARTIN P
 Name:

 Address:
 943 CLINTMORE RD
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 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: ROY G MASSA DPS 01/20/2004