


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90223 001 ***150.00

DOCUMENT # S73224

1. Entry Name
MSD INVESTMENTS, INC.



Principal Place of Business
4315 S ATLANTIC # 2 NEW SMYRNA BEACH, FL 32169

Mailing Address
PO BOX 2275 NEW SMYRNA BCH, FL 32170 US

00003000



2. Principal Place of Business
5433 W. State Road 46

3. Mailing Address
5433 W. State Road 46

Suite, Apt # etc
201

Suite, Apt #, etc.
201

03092006 Chg-P CR2E034 (11/05)

City & State
Sanford, FL

City & State
Sanford, FL

4. FEI Number
59-3084224

Applied For
 Not Applicable

Zip
32771

Country
U.S.A. Seminole

Zip
32771

Country
Seminole

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DOUDNEY, MYRA S
 4315 S ATLANTIC #2
 NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUDNEY, MYRA S. 4315 S ATLANTIC #2 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5433 W. State Road 46, Apt. 201 Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X. Myra S. Doudney **MYRA S. DOUDNEY** 3/12/06 407-324-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #