


**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V31139 1. Entity Name M & S, INC.					
Principal Place of Business 12801 WEST SUNRISE BLVD F709 SUNRISE, FL 33323 US		Mailing Address 581 NW 65TH AVENUE PLANTATION, FL 33317 US			
2. Principal Place of Business - No P.O. Box # Suits, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0404538	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURZWEIL, DANIEL 581 NW 65TH AVENUE PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name: <u>Scott WidELITZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>4969 NW 115 Way</u> <u>Coral Springs, FL</u> City <u>Coral Springs</u> <u>FL</u> Zip Code <u>33076</u>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ADELSTEIN, MITCH 9561 NW 11TH ST PLANTATION, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIDELITZ, SCOTT 4969 NW 115 WAY CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KURZWEIL, DANIEL 581 NW 65TH AVENUE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFAEL, RUSSELL 107 BRIARCLIFF DR. MORGANVILLE, NJ 07751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 info empowered.					
SIGNATURE: <u>Scott WidELITZ</u>		v.p.		Date: <u>4-29-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: <u>954-554-7228</u>	

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