


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P22683
 1. Entity Name
 MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.



Principal Place of Business: 818 W. BROOKS AVE. NORTH LAS VEGAS, NV 89030
 Mailing Address: 818 W. BROOKS AVE. NORTH LAS VEGAS, NV 89030

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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 95-3700598 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PUTNAM, PAULA
 612 NW 2ND STREET
 OCALA, FL 34475

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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: _____ (NOTE, Registered Agent signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BIRD, ALLAN S
STREET ADDRESS	818 W. BROOKS AVE.
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	D
NAME	BIRD, JOSHUA D
STREET ADDRESS	818 W. BROOKS AVE.
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	VS
NAME	GREEN, PATRICIA M
STREET ADDRESS	818 W. BROOKS AVE.
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, 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: Patricia M. Green February 18, 2005 702 315-5196
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #