


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 045 ***150.00

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-3700598	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTNAM, PAULA 612 NW 2ND STREET OCALA, FL 34475			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIRD, ALLAN S		NAME		
STREET ADDRESS	818 W. BROOKS AVE.		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIRD, JOSHUA D		NAME		
STREET ADDRESS	818 W. BROOKS AVE.		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, PATRICIA M		NAME	PD GREEN, PATRICIA M.	
STREET ADDRESS	818 W. BROOKS AVE.		STREET ADDRESS	818 W. BROOKS AVE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change
NAME			NAME	HEBERT, JAMES E.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	818 W. BROOKS AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME			NAME	AARONSON, JOEL S.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	818 W. BROOKS AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME			NAME	LARSEN, KENT F.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	818 W. BROOKS AVE	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
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: <i>Patricia M. Green</i>		PATRICIA M. GREEN, PRESIDENT		4/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 702 315-5194	