2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000043345

1. Entity Name

M & H ENTERPRISES INTERNATIONAL, INC.



Principal Place of Business ._

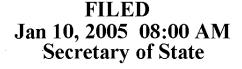
9805 HARRELL AVENUE

#202 TREASURE ISLAND, FL 33706 . Mailing Address

9805 HARRELL AVENUE

#202

TREASURE ISLAND, FL 33706





01072005

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0589116

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTHER, HENRY L 9805 HARRELL AVENUE #202

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TREASURE ISLAND, FL 33706			IN THIS SPACE	
	named entity submits this statement for the pr tions of registered agent.	urpose of changing its registered of	ffice or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Age	nt signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
10.	OFFICERS AND DIRECT	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTHER, HENRY L 9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706			000000175023 01/10/05-80033-016 150.00
TITLE NAME STREET ADDRESS GITY-SI-ZIP	VP ANTOSH, STEVE M 3257 WYNFORD DR. FAIRFAX, VA 22031			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAUDLE, GARY L 4521 WINDSOR ARMS CT ANNANDALE, VA 22003	-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTHER, HENRY L 9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, LOUISE 4521 WINDSOR ARMS CT ANNANDALE, VA 22003			į
TITLE NAME	D WALTHER, MICHAEL			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

CITY-ST-ZIP

STREET ADDRESS | 28030 COUNTY HWY 34

CALLAWAY, MN 56521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR

Jan 6, 2005 (727) 363-0647