2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000043345

1. Entity Name
M & H ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706	9805 HARRELL AVENUE #202 TREASURE ISLAND, FL 33706

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
TREASURE ISLAND, FL 33706

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000585193
01/12/07-80067-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTHER, HENRY L
STREET ADDRESS	9805 HARRELL AVENUE #202
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	VP
NAME	ANTOSH, STEVE M
STREET ADDRESS	3257 WYNFORD DR.
CITY-ST-ZIP	FAIRFAX, VA 22031
TITLE	ST
NAME	CAUDLE, GARY L
STREET ADDRESS	4521 WINDSOR ARMS CT
CITY-ST-ZIP	ANNANDALE, VA 22003
TITLE	D
NAME	WALTHER, HENRY L
STREET ADDRESS	9805 HARRELL AVENUE #202
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D
NAME	TATE, LOUISE
STREET ADDRESS	4521 WINDSOR ARMS CT
CITY-ST-ZIP	ANNANDALE, VA 22003
TITLE	D
NAME	WALTHER, MICHAEL
STREET ADDRESS	28030 COUNTY HWY 34
CITY-ST-ZIP	CALLAWAY, MN 56521

DO NOT WRITE IN THIS SPACE

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: [signature] Henry L Walther Pres 1/10/07 727 363-0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #