


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90465 022 \*\*\*150.00

DOCUMENT # P05000064747			
1. Entity Name MGF HOSPITALITY ASSOCIATES, INC.			
Principal Place of Business 8107 LAKE CROWELL CIR. ORLANDO, FL 32836 <i>6129 Donagel Dr. Orlando, FL 32819</i>		Mailing Address 8107 LAKE CROWELL CIR. <i>6129 Donagel Dr.</i> ORLANDO, FL 32836 <i>Orlando, FL 32819</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORRESTER, GREGG S 6649 WESTWOOD BLVD SUITE 100 ORLANDO, FL 32821		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, MITZI U 8107 LAKE CROWELL CIR. ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 6129 Donagel Drive Orlando, FL 32819 <input checked="" 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
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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 like empowered.			
SIGNATURE: <i>Mitzi U. Forrester</i>		Date: <i>4/25/06</i> Daytime Phone: <i>(407)876-2531</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	

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04132006 Chg-P CR2E034 (11/05)

4. FEI Number *20-2800575* Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required