2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 321453

1. Entity Name
M T M INC

Principal Place of Business	Mailing Address
2110 S WASHINGTON AVE TITUSVILLE, FL 32781-1294 US	2110 S WASHINGTON AVE TITUSVILLE, FL 32781-1294 US

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1195538	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TREDER, ROBERTA A
2110 SO WASHINGTON AVE
TITUSVILLE, FL 32780

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	TREDER,ROBERTA
STREET ADDRESS	2110 SO. WASHINGTON AVE
CITY-ST-ZIP	TITUSVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   2/22/05   321 267 6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #