2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460217

Entity Name: MGT OF AMERICA, INC.

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2123 CENTRE POINTE BLVD TALLAHASSEE, FL 32308					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2123 CENTRE POINTE BLVD TALLAHASSEE, FL 32308					
FEI Number: 59-1576733 FEI Number Applied For () FEI Number		I Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BOUTWELL, W. KENNETH, JR. 2123 CENTRE POINTE BLVD TALLAHASSEE, FL 32308 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STDV () CARUTHERS, JO 4044 BRANDON TALLAHASSEE,F	HILL DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [BRITTAIN, DAVIE 3505 LOUTH CO TALLAHASSEE,	URT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[JEROME L. CIES 3601 UNCLE GLO TALLAHASSEE,	OVER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PDC () E BOUTWELL, W.H 3431 CEDAR LAI TALLAHASSEE,F	NE .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()[HUMPHREY, STE 3036 N SHANNO TALLAHASSEE,F	N LAKÉS	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ERECIO, LINDA 3009 O'BRIEN D TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE JUAREZ CAO 01/24/2005