


**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 674501 1. Entity Name MPT, INC.		
Principal Place of Business 240 TALLEYRAND AVENUE JACKSONVILLE, FL 32202 US		Mailing Address 116 RIVER PLANTATION RD N SAINT AUGUSTINE, FL 32092 US
DO NOT WRITE IN THIS SPACE		03112006 No Chg-P CR2E034 (11/05)
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON ONE INDEPENDENT DRIVE 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000484936 04/12/06-80060-005 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, JACK H. 116 RIVER PLANTATION RD N SAINT AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMAS, MARY LOUISE 116 RIVER PLANTATION RD N SAINT AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Marylou Thomas</u> MARYLOU THOMAS		03-25-06 904-810-9773 <small>Date Daytime Phone #</small>