2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT #674501** 04-18-2008 90048 048 ***150.00 1. Entity Name MPT, INC. dunies. Principal Place of Business Mailing Address 240 TALLEYRAND AVENUE 116 RIVER PLANTATION RD N JACKSONVILLE, FL 32202 SAINT AUGUSTINE, FL 32092 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2003632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, H. LEON ONE INDENEPDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE TITLE X Delete DP Change Addition THOMAS, JACK H. NAME NAME THOMAS, MARY LOUISE 116 RIVER PLANTATION RD N STREET ADDRESS STREET ADDRESS 116 RIVER PLANTATION DR N CITY-ST-ZIP SAINT AUGUSTINE, FL 32092 CITY-ST-ZIP ST AUGUSTINE, FL 32092 DST Change TITLE ☐ Delete TITLE ☐ Addition NAME THOMAS, MARY LOUISE NAME STREET ADDRESS 116 RIVER PLANTATION RD N STREET ADDRESS SAINT AUGUSTINE, FL 32092 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED