


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90108 027 ***150.00

DOCUMENT # 834301

1. Entity Name
M-B-W, INC.



60021640



01192006 Chg-P CR2E034 (11/05)

Principal Place of Business Mailing Address

250 HARTFORD ROAD 250 HARTFORD ROAD
 P O BOX 440 P O BOX 440
 SLINGER, WI 53086 US SLINGER, WI 53086 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 39-1081431 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NEFF RENTAL
 11909 S. ORANGE BLOSSOM
 ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name Devitt & Associates
 Street Address (P.O. Box Number is Not Acceptable)
111 Eastern Fork
 City Longwood FL Zip Code 32700

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 William C. Devitt DATE 2/11/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPOA	<input type="checkbox"/> Delete
NAME	MULTERER, ROBERT	
STREET ADDRESS	724 MARSHAL CT.	
CITY-ST-ZIP	WEST BEND, WI 53095	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MULTERER, FRANK, J.	
STREET ADDRESS	N2198 S. RESTHAVEN RD.	
CITY-ST-ZIP	RUBICON, WI 53078	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	BRAUN, ROBERT	
STREET ADDRESS	N6144 ELEANORE LANE	
CITY-ST-ZIP	FOND DU LAC, WI 54935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert Multerer Robert Multerer 1-19-06 2026445234

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