## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 11, 2005 08:00 AM DOCUMENT # F01000004927 **Secretary of State** MJR INTERNATIONAL SALES, INC. Principal Place of Business Mailing Address 8005 CORPORATE BLVD 8005 CORPORATE BLVD PLAIR CITY, OH 43064 PLAIN CITY, OH 43064 07072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1434419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADSHAW, JEFFREY DO NOT WRITE 351 UNIVERSITY PARK DRIVE WINTER PARK, FL 32792 IN THIS SPACE 3. 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, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME BRADSHAW, JEFFREY 8005 CORPORATE BLVD STREET ADDRESS PLAIN CITY, OH 43064 CITY-ST-7IP TITLE 000000372236 07/11/05-80023-024 150.00 LAUFERSUEILER, MARK NAME 8005 CORPORATE BLVD STREET ADDRESS PLAIN CITY, OH 43064 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(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:

CITY-ST-ZIP

RE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 4/4.733.3

FILED