

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004463

Entity Name: MTF ENGINEERING, INC.

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

2812 NW 57TH ST., STE. 104
OKLAHOMA CITY, OK 73112

New Principal Place of Business:

1437 HEALTH CENTER PARKWAY
YUKON, OK 73064

Current Mailing Address:

2812 NW 57TH ST., STE. 104
OKLAHOMA CITY, OK 73112

New Mailing Address:

1437 HEALTH CENTER PARKWAY
YUKON, OK 73099

FEI Number: 73-1562422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOX, TOM
Address: 2812 NW 57TH ST., STE. 104
City-St-Zip: OKLAHOMA CITY, OK 73112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FOX, TOM
Address: 1437 HEALTH CENTER PARKWAY
City-St-Zip: YUKON, OK 73099

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TOM FOX

PRES

05/23/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date