

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006760

Entity Name: MTR OF GEORGIA, INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

511 UNION STREET
SUITE 1600
NASHVILLE, TN 37219

Current Mailing Address:

511 UNION STREET
SUITE 1600
NASHVILLE, TN 37219

New Principal Place of Business:

105 5TH AVE. W.
SUITE103
SPRINGFIELD, TN 37172

New Mailing Address:

105 5TH AVE. W.
SUITE 103
SPRINGFIELD, TN 37172

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, THOMAS A
Address: 105 5TH AVENUE WEST
City-St-Zip: SPRINGFIELD, TN 37172

Title: SD () Delete
Name: BONE, CHARLES W
Address: 511 UNION STREET #1600
City-St-Zip: NASHVILLE, TN 37219

Title: D () Delete
Name: ALEXANDER, GEARARD C
Address: 4800 FOISE DRIVE
City-St-Zip: METAIRIE, MS 70006

Title: D () Delete
Name: HENICAN, JOSEPH P III
Address: 6029 PRYTANIA STREET
City-St-Zip: NEW ORLEANS, LA 70118

Title: D () Delete
Name: GRIFFITH, THOMAS
Address: 519 RANDOLPH AVENUE
City-St-Zip: HUNTSVILLE, AL 35801

Title: D () Delete
Name: MAUST, MARK T
Address: 12498 WYOMING AVENUE SOUTH
City-St-Zip: SAVAGE, MN 55378

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALEXANDER, GERARD C
Address: 4800 FOISE DRIVE
City-St-Zip: METAIRIE, MS 70006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS A. CARTER

PD

03/28/2007

Electronic Signature of Signing Officer or Director

Date