2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# F73391

Entity Name: M. & T. ENTERPRISES, INC.

Current Principal Place of Business:

2 SABRE CAY
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 342
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 59-2188313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, LAWRENCE N
2 SABRE CAY
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

INGRAM, L. N III
900 SIXTH AVENUE SOUTH, SUITE 302
NAPLES, FL 341026792 US

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: /S/ L. N. INGRAM, III 05/10/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, LAWRENCE N
Address: 2 SABRE CAY
City-St-Zip: NAPLES, FL 34102 US

Title: ST ( ) Delete
Name: THOMPSON, LAWRENCE N
Address: 2 SABRE CAY
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LAWRENCE N. THOMPSON PRES 05/10/2008
Electronic Signature of Signing Officer or Director Date