2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63242

Entity Name: MPB COMMUNICATIONS, INC.

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
620 N WYMORE RD				3100 CLAY AVENUE			
230 MAITLAND	FL 32751	US		SUITE 220 ORLANDO	, FL 32804	US	
Current Mailing Address:				New Mailing Address:			
620 N WYM 230				3100 CLAY SUITE 220			
MAITLAND	, FL 32751	US		ORLANDO	, FL 32804	US	
FEI Number:	59-2869430	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
HATCHER, STEPHEN B ESQ 315 E. ROBINSON STREET STE 600 ORLANDO, FL 32801 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:							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADD					DDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	e: PERSONS, TODD ess: 950 ORANOLE ROAD			Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () KATZ, BRUCE 1560 WOODLAN WINTER PARK,			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CD () MASSEY, HARV 1550 VIA TUSCA WINTER PARK,	NY		Title: Name: Address: City-St-Zip:	CD (X) MASSEY, HARV 1461 VIA TUSC WINTER PARK	ANY	
Title: Name: Address: City-St-Zip:	DS () CORINO, BARBA 417 RUTH STRE LONGWOOD, F	EET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HORTON, JEFF	VATER COVE BLVD.		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	* /			Title: 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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: BARBARA A. CORINO DS 01/21/2005