


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 010 ***150.00

DOCUMENT # H87590 1. Entity Name MTSB ASSOCIATES, INC.	
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40034631

Principal Place of Business 1851 DONNA RD BLDG 5 BAY 232 WEST PALM BEACH, FL 33409 US	Mailing Address P O BOX 11138 RIVERIA BCH, FL 33404 US
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02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2628602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, RICHARD L 3650 WHITEHALL DR BLDG 2 APT 305 WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RICHARD L.SR., 3650 WHITEHALL DR BLDG 2 APT 305 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, CHARLES C. 15816 84TH AVE N PALM BCH GDNS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ADAMS, VICKI 15816 84TH AVE NORTH PALM BCH GDNS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard L Adams RICHARD L ADAMS 3/14/07 561 684 3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #