


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90315 026 \*\*\*158.75

<b>DOCUMENT # J09197</b>	
1. Entity Name <b>MTS, INC.</b>	

Principal Place of Business <b>% MARTINA M. BOREK 12110 SOUTHWEST 248TH STREET PRINCETON FL 33032</b>	Mailing Address <b>PO BOX 924920 PRINCETON FL 33092</b>
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2. Principal Place of Business <b>12110 SW 248<sup>st</sup></b>	3. Mailing Address <b>PO 924641</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Princeton FL</b>	City & State <b>Princeton FL</b>
Zip <b>33032</b>	Country <b>USA</b>
Zip <b>33092</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>BOREK, MARTINA M. 12110 SOUTHWEST 248TH STREET PRINCETON FL 33032</b>	
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4. FEI Number <b>59-2674405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>Michael Borek</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 924641</b>	
<b>12110 SW 248 Street</b>	
City <b>Princeton</b>	FL Zip Code <b>33032</b>

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 <i>Martina M Borek</i>	DATE <b>2/25/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOREK, MARTINA M.</b>		NAME <b>Borek, Michael</b>	
STREET ADDRESS <b>12110 SW 248TH STREET</b>		STREET ADDRESS <b>12110 SW 248 ST</b>	
CITY-ST-ZIP <b>PRINCETON FL</b>		CITY-ST-ZIP <b>Princeton, FL. 33032</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.	
SIGNATURE: <i>Michael Borek</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael Borek</b>
Date <b>2/25/04</b>	Daytime Phone # <b>305-258-5256</b>