2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# J09197

Entity Name: MTS, INC.

Current Principal Place of Business:

% MARTINA M. BOREK
12110 SOUTHWEST 248TH STREET
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

PO BOX 924641
PRINCETON, FL 33092

New Mailing Address:

FEI Number: 59-2674405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOREK, MARTINA M.
P.O. BOX 924641
12110 SW 248 STREET
PRINCETON, FL 33032 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: BOREK, MICHAEL
Address: 12110 SW 248TH STREET
City-St-Zip: PRINCETON, FL

Title: VP ( ) Delete
Name: BOREK, STEVEN
Address: 12110 SW 248 ST.
City-St-Zip: PLANTATION, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BOREK, STEVEN
Address: 12110 SW 248 ST.
City-St-Zip: PRINCETON, FL 33032

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: MICHAEL BOREK PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date