


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90016 001 ***158.75

DOCUMENT # J09197

1. Entity Name
 MTS, INC.



Principal Place of Business
 % MARTINA M. BOREK
 12110 SOUTHWEST 248TH STREET
 PRINCETON, FL 33032

Mailing Address
 PO BOX 924641
 PRINCETON, FL 33092



2. Principal Place of Business
 20025 SW 270ST
 Suite, Apt. #, etc.
 Homestead

3. Mailing Address
 Suite, Apt. #, etc.

04012006 Chg-P CR2E034 (11/05)

City & State
 FLORIDA

City & State

Zip
 33031

Country
 USA

Zip
 Country

4. FEI Number
 59-2674405

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOREK, MARTINA M.
 P.O. BOX 924641
 12110 SW 248 STREET
 PRINCETON, FL 33032

Michael Borek
 20025 SW 270ST
 Homestead FL
 33031

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Michael Borek

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	BOREK, MICHAEL
STREET ADDRESS	12110 SW 248TH STREET 19925 SW 270ST
CITY-ST-ZIP	PRINCETON, FL - Homestead FL 33031
TITLE	VP <input type="checkbox"/> Delete
NAME	BOREK, STEVEN
STREET ADDRESS	12110 SW 248 ST. 20025 SW 270 ST
CITY-ST-ZIP	PRINCETON, FL 33032 Homestead FL 33031
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael Borek 3/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #