2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14538

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SARASOTA, FL 34241

STEFANINI, JOSEPH,

3960 MEDINA RD

AKRON, OH

() Delete

DV

FILED Apr 25, 2005 Secretary of State

Entity Name: M.T.A. INVESTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** P O BOX 5260 AKRON, OH 44334 US **Current Mailing Address: New Mailing Address:** P O BOX 5260 AKRON, OH 44334 US FEI Number: 59-2738546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, MICHAEL W 1846 GULF BLVD ENGLEWOOD, FL 33533 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: THOMPSON, MICHAEL W., THOMPSON, MICHAEL W., Name: Name: 1846 GULF BLVD 1846 GULF BLVD Address: Address: ENGLEWOOD, FL 33533 City-St-Zip: ENGLEW/OOD FL City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: TAYLOY, MARY LOU Name: TAYLOR, MARY LOU 3960 MEDINA RD 3960 MEDINA RD Address: Address: AKRON, OH **AKRON, OH 44333** City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PATRICK, CARL E Name: Name: 6823 OLD RANCH ROAD Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY LOU TAYLOR TREA 04/25/2005

(X) Change () Addition

STEFANINI, JOSEPH,

3960 MEDINA RD

AKRON, OH 44333