## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14538

Entity Name: M.T.A. INVESTMENTS, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P O BOX 5260 3960 MEDINA ROAD AKRON, OH 44334 US AKRON, OH 44333 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 (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, MICHAEL W
1846 GULF BLVD
THOMPSON, MICHAEL W
1846 GULF BLVD

ENGLEWOOD, FL 33533 US ENGLEWOOD, FL 34223 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: MICHAEL W THOMPSON 04/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: THOMPSON, MICHAEL W., Address: 1846 GULF BLVD Title: DP (X) Change ( ) Addition Name: THOMPSON, MICHAEL W., Address: 1846 GULF BLVD

 Address:
 1846 GULF BLVD
 Address:
 1846 GULF BLVD

 City-St-Zip:
 ENGLEWOOD, FL 33533
 City-St-Zip:
 ENGLEWOOD, FL 34223

Title: VT () Delete Title: () Change () Addition

 Name:
 TAYLOR, MARY LOU
 Name:

 Address:
 3960 MEDINA RD
 Address:

 City-St-Zip:
 AKRON, OH 44333
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 PATRICK, CARL E
 Name:

 Address:
 6823 OLD RANCH ROAD
 Address:

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition

 Name:
 STEFANINI, JOSEPH,
 Name:

 Address:
 3960 MEDINA RD
 Address:

 City-St-Zip:
 AKRON, OH 44333
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARY LOU TAYLOR T 04/13/2007