

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90372 025 ***150.00

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01072006 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-2684029	Not Applicable

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

DOCUMENT # J18882
 1. Entity Name
 MAP MASTERS, INC.



Principal Place of Business
 1226 W UNIVERSITY AVE
 GAINESVILLE, FL 32601

Mailing Address
 LONGVIEW LN
 THE VILLAGES, FL 32162

*7610 SE 170 LONGVIEW LN
 THE VILLAGES FL 32162*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAY, JAMES F
 3615 NW 13 ST
 SUITE B
 GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWE, DAVID A 7610 SE 170 LONGVIEW LN THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWE, KATHRYN B 7610 SE 170 LONGVIEW LN THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWE, ANTHONY 6736 CALISTOGA CIR PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Kathryn B Howe* KATHRYN B HOWE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-751-4874
4/15/06
 Date Daytime Phone #