

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                         |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # J71525</b>                                                                                                                                                                                                      |                                                                                                   |                                                        |                                                                                                                          |
| 1. Entity Name<br><b>MDH, INC.</b>                                                                                                                                                                                            |                                                                                                   |                                                                                                                                         |                                                                                                                          |
| Principal Place of Business<br><b>% DAVID SEARS<br/>23309 HARBORVIEW RD.<br/>CHARLOTTE HARBOR FL 33980</b>                                                                                                                    |                                                                                                   | Mailing Address<br><b>% DAVID SEARS<br/>23309 HARBORVIEW RD.<br/>CHARLOTTE HARBOR FL 33980</b>                                          |                                                                                                                          |
| 2. Principal Place of Business                                                                                                                                                                                                |                                                                                                   | 3. Mailing Address                                                                                                                      |                                                                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                   | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                          |
| City & State                                                                                                                                                                                                                  |                                                                                                   | City & State                                                                                                                            |                                                                                                                          |
| Zip                                                                                                                                                                                                                           | Country                                                                                           | Zip                                                                                                                                     | Country                                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEARS, DAVID<br/>23309 HARBORVIEW RD.<br/>CHARLOTTE HARBOR FL 33950</b>                                                                                             |                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting of)</small> DATE _____                                      |                                                                                                   |                                                                                                                                         |                                                                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |                                                                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | DP<br>SEARS, DAVID<br>23309 HARBORVIEW RD.<br>CHARLOTTE HARBOR FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U000000446265</b><br><b>03/08/06-80006-018 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                             |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2809518** Applied For ☐ Not Applied ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

2/20/06 941 629 3731