


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**May 01, 2006 08: Secretary of S**

**DOCUMENT # P00000050937**  
 1. Entity Name  
**MP INTERNATIONAL ENTERTAINMENT GROUP, INC.**



Principal Place of Business  
**430 GRAND BAY DRIVE  
 SUITE #405  
 KEY BISCAVNE, FL 33149**

Mailing Address  
**430 GRAND BAY DRIVE  
 SUITE #405  
 KEY BISCAVNE, FL 33149**



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1010027**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PELEGRI, MARCELO  
 430 GRAND BAY DRIVE  
 SUITE #405  
 KEY BISCAVNE, FL 33149**

**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:  **Marcel Pelegri** **4-28-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

**U000000546358  
 05/11/06-80114-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PELEGRI, MARCELO
STREET ADDRESS	430 GRAND BAY DRIVE SUITE #405
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Marcel Pelegri** **4-25-06** **(305) 803-6054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #