FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90299 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000110450

1. Entity Name
MLC & SON, INC.

Principal Place of Business	Mailing Address
10344 STONE GLEN DRIVE ORLANDO, FL 32825	10344 STONE GLEN DRIVE ORLANDO, FL 32825

2. Principal Place of Business	3. Mailing Address
345 W. FAIRBANKS AVE.	345 W. FAIRBANKS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK FL	City & State: WINTER PARK, FL
Zip: 32789 Country: U.S.	Zip: 32789 Country: U.S.

05032006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3684272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSA, LUIS 10344 STONE GLEN DRIVE ORLANDO, FL 32825	Name: LUIS ROSA Street Address (P.O. Box Number is Not Acceptable) 345 W. FAIRBANKS AVE City: WINTER PARK FL Zip Code: 32789

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: X
Signature, typed or printed name of registered agent and date of execution. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSA, LUIS E 10344 STONE GLEN DRIVE ORLANDO, FL 328258634	☐ Delete	P ROSA, LUIS E. 345 W. FAIRBANKS AVE. WINTER PARK, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS CARRION, MARIA L 10344 STONE GLEN DRIVE ORLANDO, FL 328258634	☐ Delete	TS CARRION, MARIA L. 345 W. FAIRBANKS AVE. WINTER PARK, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X Maria Carrion (Maria Carrion) 5/1/06 407-645-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #