

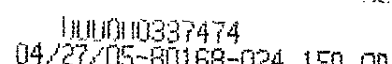


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000074268			
1. Entity Name MBL MANAGEMENT, INC.			
Principal Place of Business 1205 PAMELA SUE CT. PLANT CITY, FL 33566	Mailing Address 1205 PAMELA SUE CT. PLANT CITY, FL 33566		
DO NOT WRITE IN THIS SPACE			
		04242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3736903	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOVEJOY, MARGARET B 1205 PAMELA SUE COURT PLANT CITY, FL 33566		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/instating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 04/27/05-80168-024 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	O		
NAME	LOVEJOY, MARGARET B		
STREET ADDRESS	1205 PAMELA SUE CIR.		
CITY- ST- ZIP	PLANT CITY, FL 33566		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Margaret B. Lovejoy</u>		4-24-05 813-764-0738	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	