
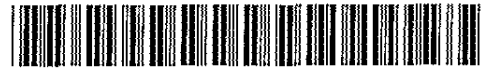


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000074268</b> 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																																								
<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  LOVEJOY, MARGARET B 1205 PAMELA SUE COURT PLANT CITY, FL 33566		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 <u>Margaret Lovejoy</u> <u>4-15-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>O</td></tr><tr><td>NAME</td><td>LOVEJOY, MARGARET B</td></tr><tr><td>STREET ADDRESS</td><td>1205 PAMELA SUE CIR.</td></tr><tr><td>CITY-ST-ZIP</td><td>PLANT CITY, FL 33566</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		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		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>Margaret Lovejoy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>MARGARET LOVEJOY</u>		<u>4-15-06</u> <u>817-764-0738</u> <small>Date Daytime Phone #</small>																																								



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3736903

Applied For
Not Applicable

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

U00000519022  
05/02/06-80038-004 150.00