

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000112916
 1. Entity Name
 MT LAND HOLDINGS, INC.



Principal Place of Business Mailing Address
 255 S ORANGE AVE, STE 1700 255 S ORANGE AVE, STE 1700
 ORLANDO, FL 32801 ORLANDO, FL 32801



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3758213 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHRISTIANSEN, PATRICK T
 255 S ORANGE AVE, STE 1700
 ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

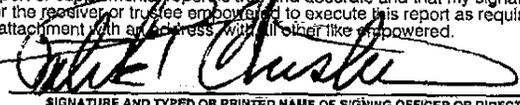
10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | P |
| NAME | CHRISTIANSEN, PATRICK T |
| STREET ADDRESS | 255 S ORANGE AVE, STE 1700 |
| CITY - ST - ZIP | ORLANDO, FL 32801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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 01/27/05-80021-013 150.00

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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:  1-21-05 407-419-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #