2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM Secretary of State

1. Entity Nar MPB MA	NAGEMENT INC.			Secretary of St	ate
Principal Place 10911 LANI TAMPA, FL		Mailing Address 10911 LANDON LANE TAMPA, FL 33635			
	OO NOT WRITE	IN THIS SPA	CE	03182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied F. Not Applied F. Not Applied F. Status Desired S8.75 Additional Fee Required	cable
	6. Name and Address of Current Re	gistered Agent			
BACHMAN, MARILYN P 10911 LANDON LANE TAMPA, FL 33635 _			DO NOT WRITE		
I AIVIPA, F	L 33635 _			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 Signature, lyoed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ded to Fees	
10.	OFFICERS AND DI	ECTORS	Į		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHMAN, MARILYN P 10911 LANDON LANE TAMPA, FL 33635				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				— 1000000273688 03/23/05-80038-023 150.00	
TITLE NAME STREET ADDRESS		<u> </u>			
CITY+ST-ZIP				DO NOT WRITE	1
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
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)(i), 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: Marilyn P. Bachman 3/18/05 SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					