


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90055 006 \*\*\*150.00

<b>DOCUMENT # P02000062115</b>		
1. Entity Name <b>MGT CORPORATION</b>		

Principal Place of Business <b>809 BLOOMINGDALE AVE #223 BRANDON, FL 33511</b>	Mailing Address <b>809 BLOOMINGDALE AVE #223 BRANDON, FL 33511</b>
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2. Principal Place of Business <b>1463 OAKFIELD DRIVE</b>	3. Mailing Address <b>1463 OAKFIELD DRIVE</b>
Suite, Apt. #, etc. <b>SUITE 132</b>	Suite, Apt. #, etc. <b>SUITE 132</b>

City & State <b>BRANDON, FL</b>	City & State <b>BRANDON, FL</b>	4. FEI Number <b>37-1432892</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33511</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33511</b>	Country <b>HILLSBOROUGH</b>

03092005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>R. JEFFREY STULL, P.A. 602 SOUTH BOULEVARD TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GIGUERE, CLAUDE J 21535 PRINCE ALBERT COURT LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD MUCKLE, THOMAS A. 15 LEDGEWOOD DRIVE OLD LYME, CT 06371</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GIGUERE, SHARON L 21535 PRINCE ALBERT COURT LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD GOLDBERG, STEPHEN R. 4083 ASHTON CLUB DRIVE LAKE WALES, FL 33859</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FBD TIFER, VINCENTA 3488 FOREST BRIDGE CIRCLE BRANDON, FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD COOK, THOMAS A. 5210 LINKS LANE LEESBURG, FL 34748</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC POOLE, RUTH G. 1326 APOLLO BEACH BLVD. APOLLO BEACH FL 33572</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Ruth Gaylynn Poole* *Ruth Gaylynn Poole* *04-01-05* *(813) 684-5766*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #