2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000092571 05-05-2006 90196 048 ***150.00 1. Entity Name M & F INVESTMENTS, INC. Principal Place of Business Mailing Address 150010041 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL, FL 34606 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2070152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J DO NOT WRITE 5143 COMMERCIAL WAY SPRING HILL, FL 34606 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. Signeture, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent algrature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS TITLE HALE KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 TITLE RICCIUTI, FRANK X NAME STREET ACCRESS 5143 COMMERCIAL WAY SPRING HILL, FL 34606 CITY-ST-ZIP TITLE HOFMEISTER, LLOYD H NAME 5143 COMMERCIAL WAY STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SPRING HILL, FL 34606 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 cettify 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: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 14, 2006 8:00 am

ATTACHMENT

2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

ATTACHMENT DOCUMENT # P02000092571 1. Entity Name M & F INVESTMENTS, INC 66018941 Principal Place of Business Mailing Address 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 06092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2070152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J DO NOT WRITE 5143 COMMERCIAL WAY SPRING HILL, FL 34606 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. DPS TITLE NAME KIERZYNSKI, MICHAEL J STREET ADDRESS 5143 COMMERCIAL WAY CITY-ST-ZiP SPRING HILL, FL 34606 TITLE NAME RICCIUTI, FRANK X 5143 COMMERCIAL WAY STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 TIFLE NAME HOFMEISTER, LLOYD H STREET ADDRESS 5143 COMMERCIAL WAY DO NOT WRITE CITY-ST-ZIP SPRING HILL, FL 34606 TITLE IN THIS SPACE 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 filling 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.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #