



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 030 \*\*\*150.00

<b>DOCUMENT # P02000119613</b>					
<b>1. Entity Name</b> MNP ACQUISITIONS CORP.					
<b>Principal Place of Business</b> 1013 GREYSTONE LANE SARASOTA, FL 34232			<b>Mailing Address</b> 1013 GREYSTONE LANE SARASOTA, FL 34232		
<b>2. Principal Place of Business</b> 5426 DOMINICA CIRCLE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5426 DOMINICA CIRCLE Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		<b>4. FEI Number</b> 22-3885229	
Zip 34233 Country USA		Zip 34233 Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PONZO, MICHAEL A 1013 GREYSTONE LANE SARASOTA, FL 34232 <i>Mnp</i>			<b>7. Name and Address of New Registered Agent</b> Name MICHAEL A. PONZO Street Address (P.O. Box Number is Not Acceptable) 5426 DOMINICA CIRCLE City SARASOTA FL Zip Code 34233		
<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.</b> SIGNATURE <i>X</i> MICHAEL A. PONZO <i>X</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> PONZO, MICHAEL A <b>STREET ADDRESS</b> 1013 GREYSTONE LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34232	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b> 5426 DOMINICA CIRCLE <b>STREET ADDRESS</b> SARASOTA, FL 34233 <b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP <b>NAME</b> GROOME, PAULA S <b>STREET ADDRESS</b> 1013 GREYSTONE LANE <b>CITY-ST-ZIP</b> SARASOTA, FL 34232	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b> PAULA S. PONZO <b>STREET ADDRESS</b> 5426 DOMINICA CIRCLE <b>CITY-ST-ZIP</b> SARASOTA, FL 34233		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>X Mnp</i>			MICHAEL A. PONZO <i>X</i>		(941) 321-9602
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>