

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 003 \*\*\*150.00

<b>DOCUMENT # P02000127730</b> 1. Entity Name <b>M.T.L. DEVELOPMENT COMPANY</b>			
Principal Place of Business <b>503 N ORLANDO AVE STE 105</b> <b>COCOA BEACH, FL 32931</b>		Mailing Address <b>503 N ORLANDO AVE STE 105</b> <b>COCOA BEACH, FL 32931</b>	
2. Principal Place of Business <b>61 W. Colonial Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>61 W. Colonial Dr</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b> Zip <b>32801</b>		City & State <b>Orlando, FL</b> Zip <b>32801</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>35-2189351</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHOEMAKER, JOHN B</b> <b>503 N ORLANDO AVE STE 105</b> <b>COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent  Name <b>61 W. Colonial Dr</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME KODSI, ALBERT STREET ADDRESS 503 N ORLANDO AVE STE 105 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE P NAME ALBERT KODSI STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SHOEMAKER, JOHN B STREET ADDRESS 503 N ORLANDO AVE STE 105 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE VP NAME JOHN B SHOEMAKER STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPT NAME COHEN, ODED STREET ADDRESS 4432 PARKWAY COMMERCE BLVD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE VPT NAME ODED COHEN STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STEVE KODSI STREET ADDRESS 61 W. COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/22/05</b> Daytime Phone # <b>407 294 2931</b>	

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