
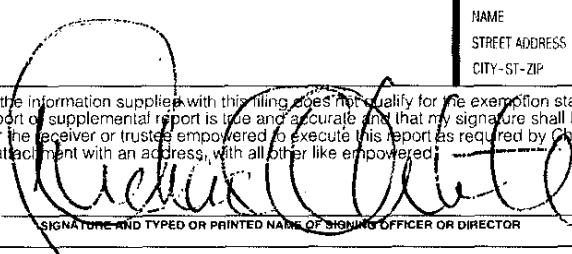


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90326 012 ***150.00

DOCUMENT # P03000048153 1. Entity Name MTT PROPERTIES, INC.																													
Principal Place of Business 3706 SOUTH SANFORD AVE SANFORD, FL 32773			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744																										
2. Principal Place of Business 1576 Stargazer		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Sanford, FL		City & State		4. FEI Number 01-0779605																									
Zip 32771		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 E OAK STREET KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 runstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHITE, MICHAEL O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3706 SOUTH SANFORD AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD, FL 32773</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WHITE, MICHAEL O		STREET ADDRESS	3706 SOUTH SANFORD AVE		CITY-ST-ZIP	SANFORD, FL 32773		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P,S,T,D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1576 Stargazer</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sanford, FL 32771</td> <td></td> </tr> </table>			TITLE	P,S,T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1576 Stargazer		CITY-ST-ZIP	Sanford, FL 32771	
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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:  DATE: 4/15/04																													