2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

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Entity Name: MTR&DH INC.

Current Principal Place of Business:

HOLIDAY CAFE
5344 COUNTY RD 581
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

MADELEINE TROYON
26837 AGILE CT
WESLEY CHAPEL, FL 335441503

Current Mailing Address:

HOLIDAY CAFE
5344 COUNTY RD 581
WESLEY CHAPEL, FL 33543

New Mailing Address:

MADELEINE TROYON
26837 AGILE CT
WESLEY CHAPEL, FL 335441503

FEI Number: 90-0139614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROYON, MADELEINE N
26837 AGILE CT
WESLEY CHAPEL, FL 335441503 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TROYON, MADELEINE N
Address: 26837 AGILE CT
City-St-Zip: WESLEY CHAPEL, FL 335441503

Title: V ( ) Delete
Name: HEIZ, DENIS
Address: 26837 AGILE CT
City-St-Zip: WESLEY CHAPEL, FL 335441503

Title: D ( ) Delete
Name: TROYON, FRANCIS
Address: AV DU GREY 36 1004 LAUSANNE
City-St-Zip: SWITZERLAND, OC

Title: D ( ) Delete
Name: HEIZ, ERICH
Address: RUE DES UTTINS 8 1337 VALLORBE
City-St-Zip: SWITZERLAND, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TROYON, MADELEINE
Address: 26837 AGILE COURT
City-St-Zip: WESLEY CHAPEL, FL 335441503

Title: D (X) Change ( ) Addition
Name: HEIZ, DENIS
Address: 26837 AGILE CT
City-St-Zip: WESLEY CHAPEL, FL 335441503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELEINE TROYON P 02/16/2005

Electronic Signature of Signing Officer or Director — Date