

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90002 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028784

1. Entity Name
 MT VESTORS INC.



60000055

Principal Place of Business
 9914 San Diego way
 US
 PT Richey, FL 34668

Mailing Address
 PO BOX 5037
 SPRING HILL, FL 34611 US



2. Principal Place of Business
 9914 San Diego way
 PT Richey, FL

3. Mailing Address
 9914 San Diego way
 Suite, Apt. #, etc.
 PT Richey

04182005 Chg-P CR2E034 (10/03)

City & State
 PT Richey ; FL
 Country US
 34668

City & State
 PT. Richey FL
 Country US
 34668

4. FEI Number
 20-0707687
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WASIELEWSKI, ROBERT D
 9914 San Diego way
 PT Richey FL 34668

7. Name and Address of New Registered Agent
 Name MT Vestors, INC / Robert Wasielewski
 Street Address (P.O. Box Number is Not-Acceptable)
 9914 San Diego way
 City PT Richey, FL 34668

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 Robert Wasielewski President DATE 1/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D WASIELEWSKI, ROBERT D PO BOX 5037 SPRING HILL, FL 34611 <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	S,D WASIELEWSKI, DEBRA A PO BOX 5037 SPRING HILL, FL 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 appointment with an address, with all other like empowered.

SIGNATURE: Robert Wasielewski President DATE 1/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR