2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000057303

1. Entity Name
MTA UNLIMTED INC

Principal Place of Business	Mailing Address
103 NE 12TH ST	103 NE 12TH ST
DELRAY BEACH, FL 33444	DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

04112006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0664974		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLOCCO, MARC
103 NE 12TH STREET
DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000521103 05/02/06-80121-017 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	ALLOCCO, MARC	
STREET ADDRESS	103 NE 12TH STREET	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		
NAME		
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CITY-ST-ZIP		

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.

SIGNATURE: _Marc T Allocco_   4-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #