## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000065963

FILED Jan 15, 2006 Secretary of State

Entity Na	me: MPD GE	NERAL, CORP.			
Current Principal Place of Business:			New Principal Place of Business:		
	BROOK RD. HEAD, MA 019	145			
Current Mailing Address:			New Mailing Address:		
	BROOK RD. HEAD, MA 019	145			
FEI Number	: 51-0505812	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
% SACHS 301 YAMA	G, LINDA L B, SAX, KLEIN KTO ROAD, ST TON, FL 3349				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( KAGAN, DONN 13 FIELDBRO MARBLEHEAD	DK RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( COHEN, PHYL 195 FALMOUT MASHPEE, MA	H ROAD #1C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( RUBIN, MELVI 41 LOHNES RO FARMINGTON	DAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:	DONNA KAGAN	D	01/15/2006