

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90086 004 \*\*\*150.00

**50013323**



<b>DOCUMENT # P04000070754</b> 1. Entity Name <b>MPG REAL ESTATE HOLDINGS INC</b>																	
Principal Place of Business <b>10502 NW 5TH MANOR PLANTATION, FL 33324</b>			Mailing Address <b>10502 NW 5TH MANOR PLANTATION, FL 33324</b>														
2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>12717 W. Sunrise Blvd</b> Suite, Apt. #, etc. <b># 220</b> City & State <b>SUNRISE, FL</b> Zip      Country <b>33323      USA</b>		04122006      Chg-P      CR2E034 (11/05)													
4. FEI Number <b>20-1071776</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>WILLIAM GREENE ASSOCIATES, P.A. 2300 WEST SAMPLE ROAD 104 POMPANO BEACH, FL 33073</b>															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;">           D GRANT, PAULA      <input type="checkbox"/> Delete            9861 NORTHWEST 10 COURT            PLANTATION, FL 33322         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           D GRANT, MICHELE T      <input type="checkbox"/> Delete            10502 NW 5TH MANOR            PLANTATION, FL 33324         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">                  <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">                  <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">                  <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">                  <input type="checkbox"/> Delete         </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, PAULA <input type="checkbox"/> Delete 9861 NORTHWEST 10 COURT PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, MICHELE T <input type="checkbox"/> Delete 10502 NW 5TH MANOR PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, PAULA <input type="checkbox"/> Delete 9861 NORTHWEST 10 COURT PLANTATION, FL 33322																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, MICHELE T <input type="checkbox"/> Delete 10502 NW 5TH MANOR PLANTATION, FL 33324																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																
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 or without like empowered.																	
<b>SIGNATURE:</b> _____ <b>4/11/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																	