


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90050 044 ***150.00

DOCUMENT # P04000080625		
1. Entity Name MTTM CORP		

Principal Place of Business 1058 COUNTY ST FALL RIVER, MA 02723	Mailing Address 1058 COUNTY ST FALL RIVER, MA 02723
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40017907

2. Principal Place of Business 13606 LARSEN LN Suite, Apt. #, etc.	3. Mailing Address 13606 LARSEN LN Suite, Apt. #, etc.
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City & State WINTER GARDEN FL	City & State WINTER GARDEN FL
Zip 34787	Zip 34787
Country	Country



02042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1291505	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERREIRA, ANTONIO M 1853 DERBY GLEN DR ORLANDO, FL 32837	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEROA, MARTIN G 1058 COUNTY ST FALL RIVER, MA 02723 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13544 LARSEN LN WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRADE, MICHAEL F 42 OAK ST FALL RIVER, MA 02720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13606 LARSEN LN WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR FERREIRA, ANTONIO M 1853 DERBY GLEN DR ORLANDO, FL 32837 <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	SECR COSTA, ANTONIO C 1859 DERBY GLEN DR ORLANDO, FL 32837 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 2/7/05 **Daytime Phone #** _____