

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90061 010 \*\*\*150.00

<b>DOCUMENT # P04000080625</b> 1. Entity Name <b>MTTM CORP</b>					
Principal Place of Business <b>13606 LARSEN LANE WINTER GARDEN, FL 34787</b>			Mailing Address <b>13606 LARSEN LANE WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 784468</b> Suite, Apt. #, etc.			
City & State <b>WINTER GARDEN FL</b>		City & State <b>WINTER GARDEN FL</b>		4. FEI Number <b>20-1291505</b>	
Zip <b>34778</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERREIRA, ANTONIO M 1853 DERBY GLEN DR ORLANDO, FL 32837</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: _____ (NOTE: Registered Agent signature required when reinstating) 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FIGUEROA, MARTIN G</b> <b>13544 LARSEN LANE</b> <b>WINTER GARDEN, FL 34787</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANDRADE, MICHAEL F</b> <b>13606 LARSEN LANE</b> <b>WINTER GARDEN, FL 34787</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR</b> <b>FERREIRA, ANTONIO M</b> <b>1853 DERBY GLEN DR</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR</b> <b>COSTA, ANTONIO C</b> <b>1859 DERBY GLEN DR</b> <b>ORLANDO, FL 32837</b>	<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 all other like empowered.					
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date <b>1/27/06</b>				Daytime Phone #	