2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P04000081380

Entity Name: MB3 CONNECTION CORP

Current Principal Place of Business:

4029 CROCKERS LAKE BLVD, APT 1813
SARASOTA, FL 34238

New Principal Place of Business:

5464 SECOND AVE
FORT MYERS, FL 33907 US

Current Mailing Address:

4029 CROCKERS LAKE BLVD, APT 1813
SARASOTA, FL 34238

New Mailing Address:

5464 SECOND AVE
FORT MYERS, FL 33907 US

FEI Number: 20-1158589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMUS, JOSE A
1510 E COLONIAL DR
SUITE 307
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
SUITE 246
ORLANDO, FL 32819 US

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.

SIGNATURE: CAROLINE LARSON 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVA, MICHAEL B
Address: 4029 CROCKERS LAKE BLVD, APT 1813
City-St-Zip: SARASOTA, FL 34238

Title: DVP (X) Delete
Name: JUNIOR DA SILVA ANDR, ADE
Address: 5464 SECOND AVE
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, MICHAEL B
Address: 5464 SECOND AVE
City-St-Zip: FORT MYERS, FL 33907 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL B SILVA PD 04/18/2005
Electronic Signature of Signing Officer or Director Date