2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087261

Entity Name: MV ALL WORKS, CORP

FILED Jul 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1065 SOUTH HIAWASSEE RD. 1456 WOODFIELD OAKS DR APT 1421 APOPKA, FL 32703 US

APT 1421 APOPKA, FL 32703 L ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

1065 SOUTH HIAWASSEE RD. 1456 WOODFIELD OAKS DR APT 1421 APOPKA, FL 32703 US ORLANDO, FL 32835 US

FEI Number: 20-1209043 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:

LARSON, CAROLINE

1510 E COLONIAL DR

SUITE 307

ORLANDO, FL 32803 US

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 07/27/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: COSTA, MARCUS V
Address: 1065 SOUTH HIAWASSEE RD, APT 1421 Address: 1456 WOODFIELD OAKS
City-St-Zip: ORLANDO, FL 32835 US
City-St-Zip: APOPKA, FL 32703 US

Title: DVP (X) Delete Title: () Change () Addition

 Name:
 SOUSA, JAMES A
 Name:

 Address:
 4668 CASON COVE DR. APT. 219
 Address:

 City-St-Zip:
 ORLANDO, FL 32811 US
 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: MARCUS COSTA DP 07/27/2005