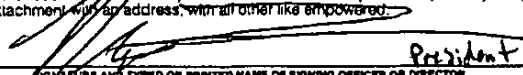


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90294 028 ***150.00

DOCUMENT # P05000065487			
1. Entity Name M.J.T. HOLDINGS, INC.			
Principal Place of Business 611 S OCEAN DR #B FT PIERCE, FL 34949		Mailing Address 611 S OCEAN DR #B FT PIERCE, FL 34949	
2. Principal Place of Business 1910 Cypress Ave		3. Mailing Address 1910 Cypress	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. Pierce, FL		City & State FT. Pierce, FL	
Zip 34949	Country ST. Lucie	Zip 34949	Country ST. Lucie
6. Name and Address of Current Registered Agent BECHT, EDWARD W 321 S 2ND ST FT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOENISKOETTER, MATTHEW J 811 S OCEAN DR #B FT PIERCE, FL 34949 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1910 Cypress Ave FT. Pierce, FL 34949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE:  President		Date: 4/17/06 (712) 8348732	

66018095



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
202916401 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**