


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90086 044 \*\*\*150.00

|  |                 |  |  |  |                                   |
|--|-----------------|--|--|--|-----------------------------------|
| DOCUMENT # P05000147164  |                 |  |  |         |                                   |
| 1. Entity Name<br>MR. TEMPLES HOLDINGS, INC.   |                 |  |  |  |                                   |
| Principal Place of Business<br>C/O OZZIE TEMPLE<br>2540 NW 74TH ST<br>MIAMI, FL 33147  |                 | Mailing Address<br>C/O OZZIE TEMPLE<br>2540 NW 74TH ST<br>MIAMI, FL 33147  |  |  |                                   |
| 2. Principal Place of Business   |                 | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.  |                 | Suite, Apt. #, etc.  |  |  |                                   |
| City & State   |                 | City & State   |  | 4. FEI Number<br><b>20-3757752</b>   |                                   |
| Zip  |                 | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>SANCHEZ-MEDINA, ROLAND JR.<br>THE COLONNADE STE 302<br>2333 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134  |                 | 7. Name and Address of New Registered Agent<br>Name: <b>Ozzie Temple</b><br>Street Address (P.O. Box Number is Not Acceptable): <b>2540 NW 74th St</b><br>City: <b>Miami</b> FL Zip Code: <b>33147</b> |  |  |                                   |
| 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.<br>SIGNATURE: <i>Ozzie Temple</i> <b>Ozzie Temple</b> President <b>5/1/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE  |                 |  |  |  |                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |  |                                   |
| 10. OFFICERS AND DIRECTORS   |                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' |  |                                   |
| TITLE  | PST             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | TEMPLE, OZZIE   |  | NAME   |  |                                   |
| STREET ADDRESS   | 2540 NW 74 ST   |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | MIAMI, FL 33147 |  | CITY-ST-ZIP  |  |                                   |
| TITLE  |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                 |  | NAME   |  |                                   |
| STREET ADDRESS   |                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  |                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE  |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                 |  | NAME   |  |                                   |
| STREET ADDRESS   |                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  |                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE  |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                 |  | NAME   |  |                                   |
| STREET ADDRESS   |                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  |                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE  |                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                 |  | NAME   |  |                                   |
| STREET ADDRESS   |                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  |                 |  | CITY-ST-ZIP  |  |                                   |
| 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: <i>Ozzie Temple</i> <b>Ozzie Temple</b>   |                 | Date: <b>5/1/06</b>  |  | Daytime Phone #: <b>(305) 205-2159</b>   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                 |  |  |  |                                   |