2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P06000033187

Entity Name: MTW AND ASSOCIATES INC.

Current Principal Place of Business:

15890 U.S. HWY. 331 SOUTH, SUITE #5
FREEPORT, FL 32439 US

New Principal Place of Business:

149 FOREST HARBOUR
FREEPORT, FL 32439 US

Current Mailing Address:

15890 U.S. HWY. 331 SOUTH, SUITE #5
FREEPORT, FL 32439 US

New Mailing Address:

149 FOREST HARBOUR
FREEPORT, FL 32439 US

FEI Number: 72-1613575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LOREN T
15890 U.S. HWY. 331 SOUTH, SUITE #5
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

WILLIAMS, LOREN T
149 FOREST HARBOUR
FREEPORT, FL 32439 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: LOREN T WILLIAMS 01/07/2008
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:

Title: DIR ( ) Delete
Name: WILLIAMS, LOREN T
Address: 15890 U.S. HWY. 331 SOUTH, SUITE #5
City-St-Zip: FREEPORT, FL 32439 US

Title: PRES ( ) Delete
Name: WILLIAMS, LOREN T
Address: 15890 U.S. HWY. 331 SOUTH, SUITE #5
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Delete
Name: WILLIAMS, MISTY R
Address: 15890 U.S. HWY. 331 SOUTH, SUITE #5
City-St-Zip: FREEPORT, FL 32439 US

Title: SEC (X) Delete
Name: WILLIAMS, MISTY R
Address: 15890 U.S. HWY. 331 SOUTH, SUITE #5
City-St-Zip: FREEPORT, FL 32439 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILLIAMS, LOREN T
Address: 149 FOREST HARBOUR
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, MISTY R
Address: 149 FOREST HARBOUR
City-St-Zip: FREEPORT, FL 32439 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MISTY R WILLIAMS VP 01/07/2008
Electronic Signature of Signing Officer or Director Date