

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 028 ***158.75

DOCUMENT # P06000127032 1. Entity Name MBR GROUP MANAGEMENT, INC.			
Principal Place of Business 93 MILDRED DRIVE STE B FT MYERS, FL 33901		Mailing Address 93 MILDRED DRIVE STE B FT MYERS, FL 33901	
2. Principal Place of Business - No P.O. Box # 1685 Target Ct. Suite, Apt. #, etc. Unit 22 City & State Ft Myers FL Zip 33905 Country USA		3. Mailing Address 3440 Cahteen Ct Suite, Apt. #, etc. City & State Land Oakes Zip FL Country USA	
6. Name and Address of Current Registered Agent ROBERTS, MICHAEL B 93 MILDRED DRIVE STE B FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1685 Target Ct City Unit 22 Ft Myers FL Zip Code 33905	
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 _____ <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 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D,P ROBERTS, MICHAEL B 93 MILDRED DR SUITE B FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1685 TARGET COURT FTMYER FL. 33905
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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: <u>Michael B. Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/24/07</u> Daytime Phone # <u>239-375-1920</u>	