


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90020 019 ***150.00

DOCUMENT # P22480 1. Entity Name MTG TECHNOLOGIES, INC. OF OHIO					
Principal Place of Business 634 ANCHORS STREET NW FORT WALTON BEACH, FL 32548			Mailing Address 4032 LINDEN AVE. DAYTON, OH 45432		
2. Principal Place of Business 41 READY AVE NW		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT WALTON BEACH, FL.		City & State 		4. FEI Number 31-1150875	
Zip 32548-3846		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOIN, RAJESH K. 625 W. SUNSET BLVD. FT. WALTON BEACH, FL 32548				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 CEO <input type="checkbox"/> Delete NAME SOIN, RAJESH K. STREET ADDRESS 655 LONGBOAT KEY CLUB ROAD CITY-ST-ZIP LONGBOAT KEY, FL			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMES CLARK STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432		
TITLE P <input checked="" type="checkbox"/> Delete NAME SOLLEY, MICHAEL STREET ADDRESS 4602 SOUTHWINDS THREE DRIVE CITY-ST-ZIP DESTIN, FL 325417851			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOHN E LONGHOUSER STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432		
TITLE EVP <input type="checkbox"/> Delete NAME GRANE, BENJAMIN D. STREET ADDRESS 307 DRAYTON DR CITY-ST-ZIP SELMA, AL 36701			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HUGH K. BOLTON STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432		
TITLE CEO <input type="checkbox"/> Delete NAME DAVID S. GUTRIDGE STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ROBERT ZANGARI STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432		
TITLE VP, CFO <input type="checkbox"/> Delete NAME MICHAEL I. GEARHART STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432			TITLE ASST. TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME THERESE MOHN STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432		
TITLE COO <input type="checkbox"/> Delete NAME DONALD H. WEISERT STREET ADDRESS 4032 LINDEN AVE. CITY-ST-ZIP DAYTON, OH 45432			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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><i>Michael I. Gearhart</i></u> 2/10/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					