2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name MGA INVESTMENTS, INC.

DOCUMENT # P92000014069

FILED Jan 31, 2006 08:00 AN **Secretary of State**

Principal Place of Business

250 SOUTH OCEAN BLVD.

APT. 16AB BOCA RATON, FL 33432 Mailing Address

C/O PERCONTEE, INC. 11900 TECH RD.

SILVER SPRING, MD 20904



DO NOT WRITE IN TH	1IS	SPAC	E
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01262006 4. FEI Number Applied For 65-0388486 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GUDELSKY, MARTHA 250 SOUTH OCEAN BLVD

DO NOT WRITE

No Chg-P

APT. 16AB BOCA RATON, FL 33432			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida, I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
IJTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUDELSKY, MARTHA 250 S. OCEAN BLVD., APT. 16AB BOCA RATON, FL 33432 VTD GUDELSKY, MEDDA 11900 TECH ROAD SILVER SPRING, MD 20904	,		-	UN0000408523 02/08/06-80065-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEDLIN, JOSEPH 11900 TECH ROAD SILVER SPRING, MD 20904				DO NOT WRITE		
TITLE Name Street address City-SI-ZIP			 	IN ·	THIS SPACE		
ntle Name Street Address City-St-Zip							
TITLE			ı	_			

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.

SIG	M	ΔT	11	P	F

NAME STREET ADDRESS CITY-ST-ZIP

> TED NAME OF SIGNING OFFICER OR DIRECTOR GNATURE AND TYPED OR PRI