


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000014069	
1. Entity Name MGA INVESTMENTS, INC.	

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
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01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0388486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUDELSKY, MARTHA 250 SOUTH OCEAN BLVD. APT. 16AB BOCA RATON, FL 33432

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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)

Signature, typed or printed name of registered agent and title if applicable 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUDELSKY, MARTHA 250 S. OCEAN BLVD., APT. 16AB BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUDELSKY, MEDDA 11900 TECH ROAD SILVER SPRING, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEDLIN, JOSEPH 11900 TECH ROAD SILVER SPRING, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/07-80021-008 150.00

DO NOT WRITE IN THIS SPACE

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: *Marta Guelsky* 1/24/07 301-622-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #