2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 10, 2006 8:00 am Secretary of State DOCUMENT # P94000041308 1. Entity Name 05-10-2006 90101 036 ***150.00 M.H.T.J., INC. Principal Place of Business Mailing Address 1500 BEVILLE RD 2329 S PENINSULA DR #404B DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3254432 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAC JORPAN HILL, MARYANNE M 2329 S PENINSULA DR DAYTONA BEACH FL 32118 City DAYTONA 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE HILL, MARYANNE M NAME HILL, MARYANNE M NAME 2329 S. PENINSULA DR. STREET ADDRESS 2329 S PENINSULA DR STREET ADDRESS DAYTONA BEACH 32118 CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition JORDAN, TRACI A. 2331 S. PENINSULA DR. JORDAN, TRACI A NAME STREET ADDRESS 2331 S PENINSULA DR STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-718 DAYTONA BEACH FL CITY-ST-7IP TITLE ☐ Dotate TITLE _ 🗖 Change, _ 🔲 Addition QUINTAL, STACEY NAME HILL, S TACEY NAME 2322 Créscent RIDGE STREET ADDRESS STREET ADDRESS 2329 1/2 PENINSULA DAYTONA BEACH FL 32118 CITY-ST-78 CITY-ST-ZIP DAYTONA BEACH FL TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

RACI A. JORDAN PD 4.30.06

386.253.18

FILED