2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P94000041308 1. Entity Name 03-14-2007 90032 014 ***150.00 M.H.T.J., INC. Principal Place of Business Mailing Address 1500 BEVILLE RD 2329 S PENINSULA DR DAYTONA BEACH FL 32118 #404B DAYTONA BEACH FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3254432 Not Applicable Zip 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 Name JORDAN, TRACI 2331 S PENINSULA DR Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 City 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, good or printed name of registered agent and title if approachie. (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, 2007 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. ☐ Detete HILE Change Addition HILL, MARYANNE M NAME NAME 2329 S PENINSULA DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 City S1-7IP CHY ST ZIP TITLE *President* ☐ Delete HILE ☐ Addition JORDAN, TRACI A JORDAN, TrACI A. NAME NAME 2331 S PENINSULA DR 2331 G. Peninsula NR. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP Daytona Beach FL, 32118 CITY ST-ZIP S HILE □ Delete TITLE Addition QUINTAL, STACEY NAML NAMI 2322 CRESCENT RIDGE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CHY-SI-7IP CHY SLZIP THE Delete ШП ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST ZIP Defete mu Channe ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST ZIP TITLE ☐ Delete шн ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY SE-ZIP

12. 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 eath; 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.

FILED

Mar 14, 2007 8:00 am

386.252.0010