


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 036 ***150.00

DOCUMENT # P94000050871

1. Entity Name
M H PRODUCTIONS, INC.



Principal Place of Business
**6141 WESTFALL ROAD
 LAKE WORTH, FL 33463 US**

Mailing Address
**6141 WESTFALL ROAD
 LAKE WORTH, FL 33463 US**

50015689



2. Principal Place of Business
1205 15th Ave, Ste B
 Suite, Apt. #, etc.

3. Mailing Address
PO. Box 5358
 Suite, Apt. #, etc.

04032006 Chg-P CR2E034 (11/05)

City & State
Lake Worth FL

City & State
Lake Worth FL

Zip
33460

Country
USA

Zip
33460

Country
USA

4. FEI Number
65-0522440

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMANN, MICHAEL J
 6141 WESTFALL ROAD
 LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name
BOGUE ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
1205 15th AVE NORTH, SUITE B

City
LAKE WORTH FL

Zip Code
33460

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 *Michael J Hoffmann* for *Bogue Associates* *03 Apr 2006*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP HOFFMANN, MICHAEL J 6141 WESTFALL RD LAKE WORTH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HOFFMANN, CANDACE A 6141 WESTFALL RD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13618 N. 99th Ave # 566 Sun City, AZ 85351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13618 N. 99th Ave # 566 Sun City, AZ 85351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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: *Candace A Hoffmann* *4-6-06* *561-906-4913*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #