2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P94000050871 04-24-2006 90460 036 ***150.00 1. Entity Name M H PRODUCTIONS, INC. Principal Place of Business Mailing Address 50015689 6141 WESTFALL ROAD 6141 WESTFALL ROAD LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 US 2. Principal Place of Business 3. Mailing Address 1205 15th MUR PO. BOX 5358 Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0522440 Not Applicable Lake worth ak worth \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Boene_ ASSOCIATES HOFFMANN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 6141 WESTFALL ROAD LAKE WORTH, FL 33463 15th AVE NORTH, 1205 City Zip Code 33460 LAKE WORTH 8. The above named entity subdits 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 res 9006 184 EQ SIGNATURE. Signature 170ed or orinted ne 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CDP 13618 N. 99th Ave. ПΠΕ TITLE ☐ Delete HOFFMANN, MICHAEL J NAME # 566 Sun city, A2 STREET ADORESS 6141 WESTFALL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P LAKE WORTH, FL DVST ■ Addition Defete TITLE 13618 N. 997 AVA NAME HOFFMANN, CANDACE A NAME #566 STREET ADDRESS 6141 WESTFALL RD STREET ADDRESS SUN CITY, AZ 85351 CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP ÆΠY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED