2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90224 008 ***158.75

DOCUMENT # P95000040118

1. Entity Name

MLT MANAGEMENT CORP.

Principal Place of Business	Mailing Address
7100 W CAMINO REAL STE. 402 BOCA RATON FL 33433 US	7100 W CAMINO REAL STE. 402 BOCA RATON FL 33433 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
6600 W. ROGERS CIRCLE	6600 W. ROGERS CIRCLE
Suite, Apt. #, etc.: Suite # 14	Suite, Apt. #, etc.: Suite # 14
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33487 Country:	Zip: 33487 Country:

4. FEI Number 65-0591555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM, DIANE
7100 W CAMINO REAL
SUITE 102
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: BLOOM, DIANE

Street Address (P.O. Box Number is Not Acceptable): 6600 W. ROGERS CIRCLE SUITE #14

City: BOCA RATON FL Zip Code 33487

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: Diane Bloom 04/24/06

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
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	PSTD	☑ Change ☐ Addition
NAME	BLOOM, DIANE		NAME	BLOOM, DIANE	
STREET ADDRESS	7100 W CAMINO REAL, STE. 402		STREET ADDRESS	6600 W. Rogers Circle Suite # 14	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	Boca Raton FL - 33487	
TITLE		☐ Delete	TITLE	VP	☐ Change ☑ Addition *
NAME			NAME	BLOOM, HOWARD	
STREET ADDRESS			STREET ADDRESS	6600 W. ROGERS CIRCLE STE # 14	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON FL - 33487	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: [signature] 04/24/06 (561) 417-7115

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