


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90026 012 \*\*\*150.00

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # P95000040118</b><br>1. Entity Name<br><b>MLT MANAGEMENT CORP.</b>  |  |   |  |
| Principal Place of Business<br><b>6600 WEST ROGERS CIR<br/>SUITE 14<br/>BOCA RATON, FL 33487 US</b>  |  | Mailing Address<br><b>6600 WEST ROGERS CIR<br/>SUITE 14<br/>BOCA RATON, FL 33487 US</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1801 Clint Moore Rd</b><br>Suite, Apt. #, etc.<br><b># 217</b><br>City & State<br><b>Boca Raton, FL</b><br>Zip<br><b>33487</b> Country  |  | 3. Mailing Address<br><b>1801 Clint Moore Rd</b><br>Suite, Apt. #, etc.<br><b># 217</b><br>City & State<br><b>Boca Raton, FL</b><br>Zip<br><b>33487</b> Country  |  |
| 4. FEI Number<br><b>65-0591555</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BLOOM, DIANE<br/>6600 WEST ROGERS CIR<br/>SUITE 14<br/>BOCA RATON, FL 33487</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>BLOOM, DIANE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1801 Clint Moore Rd # 217</b><br>City<br><b>Boca Raton</b> <b>FL</b> Zip Code<br><b>33487</b> |  |
| 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 _____  |  | DATE<br><b>04/11/07</b>  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |  | DATE   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br><b>PSTD</b> <input type="checkbox"/> Delete<br>NAME<br><b>BLOOM, DIANE</b><br>STREET ADDRESS<br><b>6600 WEST ROGERS CIR SUITE 14</b><br>CITY-ST-ZIP<br><b>BOCA RATON, FL 33487</b>  | TITLE<br><b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>Bloom, DIANE</b><br>STREET ADDRESS<br><b>1801 Clint Moore Rd # 217</b><br>CITY-ST-ZIP<br><b>Boca Raton, FL-33487</b> |  |  |
| TITLE<br><b>VP</b> <input type="checkbox"/> Delete<br>NAME<br><b>BLOOM, HOWARD</b><br>STREET ADDRESS<br><b>6600 WEST ROGERS CIR SUITE 14</b><br>CITY-ST-ZIP<br><b>BOCA RATON, FL 33487</b>   | TITLE<br><b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>Bloom, HOWARD</b><br>STREET ADDRESS<br><b>1801 Clint Moore Rd # 217</b><br>CITY-ST-ZIP<br><b>Boca Raton, FL-33487</b>  |  |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  |  |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  |  |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  |  |  |
| TITLE<br><input type="checkbox"/> Delete<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br><br>  |  |  |
| 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 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: _____   |  | Date<br><b>04/11/07</b> (361) 912-0029   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Daytime Phone #  |  |