

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040118

Entity Name: MLT MANAGEMENT CORP.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

5301 N. FEDERAL HWY  
380  
BOCA RATON, FL 33487 US

## Current Mailing Address:

5301 N. FEDERAL HWY  
380  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

2895 S. FEDERAL HWY  
B-3F  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

2895 S. FEDERAL HWY  
B-3F  
DELRAY BEACH, FL 33483 US

FEI Number: 65-0591555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOM, DIANE  
5301 N. FEDERAL HWY, #380  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

BLOOM, DIANE  
2895 S FEDERAL HWY  
B-3F  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BLOOM, DIANE  
Address: 5301 N FEDERAL HWY #380  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: HOWARD, BLOOM  
Address: 5301 N. FEDERAL HWY, #380  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: BLOOM, DIANE  
Address: 2895 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP (X) Change ( ) Addition  
Name: HOWARD, BLOOM  
Address: 2895 S. FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BLOOM

PSTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date