## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P95000044055 1. Entity Name MRO INVESTMENTS, INC. Principal Place of Business Mailing Address 2306 58TH ST E 2306 58TH ST E PALMETTO, FL 34221 US PALMETTO, FL 34221 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0593647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OFFICER, ROBERT M DO NOT WRITE 2308 58TH ST E PALMETTO, FL 34221 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDS TITLE NAME OFFICER, ROBERT STREET ADDRESS 2308 58TH ST E CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME 01/13/06-80006-007 150.00 STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

DO NOT WRITE

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

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP 717) F

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

-9-06

**FILED**