


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90718 047 ***150.00

| | |
|---------------------------------------|---|
| DOCUMENT # P96000014937 |  |
| 1. Entity Name MDB222, INC. | |

| | |
|--|--|
| Principal Place of Business PO BOX 811420 BOCA RATON, FL 33481 | Mailing Address PO BOX 811420 BOCA RATON, FL 33481 |
|--|--|

94080204



| | |
|--|--|
| 2. Principal Place of Business 963 EVE ST Suite, Apt. #, etc. | 3. Mailing Address 963 EVE ST Suite, Apt. #, etc. |
|--|--|

04292004 Chg-P CR2E034 (10/03)

| | |
|---|---|
| City & State Delray Beach | City & State Delray Beach, FL |
| Zip 33483 Country USA | Zip 33483 Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0645493 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| BEGELMAN, MARK D 369 N. OCEAN BLVD. DELRAY BEACH, FL 33483 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 963 EVE ST | |
| City Delray Beach | FL Zip Code 33483 |

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 obligation of registered agent.

SIGNATURE: *Mark Begel* DATE: 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME BEGELMAN, MARK | |
| STREET ADDRESS 5300 NORTH POWERLINE RD. | |
| CITY-ST-ZIP FT. LAUDERDALE, FL 33309 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 963 EVE ST | |
| CITY-ST-ZIP Delray Beach, FL 33483 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark Begel* DATE: 4-28-04 561 3308383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #