

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048516

Entity Name: MTC REMODELING, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

% MICHAEL T. COLAPRETE
235 WORTH COURT
WEST PALM BEACH, FL 33405

New Principal Place of Business:

% MICHAEL T. COLAPRETE
429 25TH STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

% MICHAEL T. COLAPRETE
235 WORTH COURT
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0840381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKES, EVELYN F CPA
2240 PALM BEACH LAKES BOULEVARD
SUITE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

PARKES, EVELYN F CPA
420 CLEMATIS STREET
2ND FLOOR
WEST PALM BEACH, FL 33401 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:

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLAPRETE, MICHAEL T
Address: 235 NORTH CT
City-St-Zip: WPB, FL 33405

Title: VP () Delete
Name: COLAPRETE, NANCY
Address: 235 WORTH CT.
City-St-Zip: WPB, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLAPRETE, MICHAEL T
Address: 235 WORTH CT
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY R COLAPRETE

VP

04/12/2006

Electronic Signature of Signing Officer or Director

Date