

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088977

FILED
Apr 30, 2011
Secretary of State

Entity Name: MLP TWO, INC.

Current Principal Place of Business:

200 CBL DRIVE
ST. AUGUSTINE, FL 32286 US

New Principal Place of Business:

Current Mailing Address:

2303 N. PONCE DE LEON
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3573474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUEL, CHRISTOPHER B
10126 OAKISLE ROAD WEST
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GRUEL, CHRISTOPHER B
Address: 10126 OAKISLE ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32084

Title: CEO
Name: GRUEL, JAMES E
Address: 5229 DRURY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T
Name: GRUEL, DORCAS
Address: 5229 DRURY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP
Name: VIDAL, CHERYL A
Address: 2604 GLEN OAKS DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER GRUEL

PRES

04/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date