

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092175

Entity Name: AJP-MLP, INC.

FILED  
Jan 04, 2006  
Secretary of State

## Current Principal Place of Business:

711 N. COUNTY RD.  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

C/O STUART J HAFT  
321 ROYAL POINCIANA PLAZA SOUTH  
PALM BEACH, FL 33480

## New Mailing Address:

C/O STUART J HAFT  
340 ROYAL POINCIANA WAY, SUITE 321  
PALM BEACH, FL 33480

FEI Number: 65-0874402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFT, STUART J ESQ.  
C/O ALLEY, MAASS, ROGERS, ET. AL.  
321 ROYAL POINCIANA PLAZA SOUTH  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

HAFT, STUART J ESQ.  
C/O ALLEY, MAASS, ROGERS, ET. AL.  
340 ROYAL POINCIANA WAY, SUITE 321  
PALM BEACH, FL 33480 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: STUART J HAFT ESQ

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: POISSON, ARTHUR J  
Address: 711 N COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

Title: DS ( ) Delete  
Name: POISSON, MARY L  
Address: 711 N COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ARTHUR J POISSON

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date