2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000024420

1. Entity Name M.C.T.N. HOLDINGS, INC.



FILED Mar 02, 2007 08:00 AN **Secretary of State**

Principal Place of Business

205 WORTH AVENUE

PALM BEACH, FL 33480

Mailing Address

205 WORTH AVENUE

DO NOT WRITE IN THIS SPACE

PALM BEACH, FL 33480



02272007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0903121

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIAN, PHILIPPE J 205 WORTH AVENUE

303

PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the patient of registered agent.	ourpose of changing its registered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Agent sig	nature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000654132 03/13/07-80049-020 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPT OZKAN, MUSTAFA 205 WORTH AVENUE PALM BEACH, FL 33480	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIAN, PHILIPPE J			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE

IN THIS SPACE

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:

MARKE STREET ADDRESS CITY-ST-ZIP TEST F NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS Cary-ST-789