2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# P99000063123

Entity Name: MLA & ASSOCIATES, INC.

Current Principal Place of Business:

1750 EAGLE TRACE BLVD. EAST
CORAL SPRINGS, FL 33071

New Principal Place of Business:

2080 SOUTH OCEAN DRIVE
#711
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1750 EAGLE TRACE BLVD. EAST
CORAL SPRINGS, FL 33071

New Mailing Address:

2080 SOUTH OCEAN DRIVE
HALLANDALE BEACH, FL 33009

FEI Number: 65-0933775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACKER, MARY L
2080 S OCEAN DR UNIT #711
HALLANDALE BEACH, FL 33009 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACKER, MARY L
Address: 1750 EAGLE TRACE BLVD. EAST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V ( ) Delete
Name: ADAMS, TIFFANY B
Address: 1750 EAGLE TRACE BLVD. EAST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST ( ) Delete
Name: ADAMS, TRAVIS J
Address: 1750 EAGLE TRACE BLVD. EAST
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACKER, MARY L
Address: 2080 SOUTH OCEAN DRIVE #711
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V (X) Change ( ) Addition
Name: ADAMS, TIFFANY B
Address: 2080 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ST (X) Change ( ) Addition
Name: ADAMS, TRAVIS J
Address: 2080 SOUTH OCEAN DRIVE #711
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY LOU ACKER P 04/09/2004

Electronic Signature of Signing Officer or Director — Date