

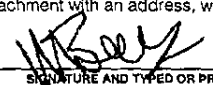


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000069731				
1. Entity Name MTBLAND CORP.				
Principal Place of Business 12144 S.E. 84TH AVE. BELLEVIEW, FL 34420		Mailing Address 12144 S.E. 84TH AVE. BELLEVIEW, FL 34420		
DO NOT WRITE IN THIS SPACE				
			01192005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 59-3600836	Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAHN, RICHARD A 3442 S.E. LAKE WEIR RD. OCALA, FL 34471			DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	PST	DO NOT WRITE IN THIS SPACE U00000338314 04/28/05-80030-023 150.00		
NAME	BLAND, MAXWELL T			
STREET ADDRESS	12144 S.E. 84TH AVE.			
CITY-ST-ZIP	BELLEVIEW, FL 34420			
TITLE	SD			
NAME	BLAND, JULIE			
STREET ADDRESS	12144 S.E. 84TH AVE.			
CITY-ST-ZIP	BELLEVIEW, FL 34420			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		DO NOT WRITE IN THIS SPACE		
NAME				
STREET ADDRESS				
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TITLE		DO NOT WRITE IN THIS SPACE		
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STREET ADDRESS				
CITY-ST-ZIP				
TITLE		DO NOT WRITE IN THIS SPACE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  MAXWELL BLAND		4/27/05 3523074311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		