2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # S84291 1. Entity Name 05-03-2004 91207 039 ***150 00 MP PROPERTIES LTD., INC. Principal Place of Business Mailing Address 9675 4TH STREET NORTH ST.PETERSBURG FL 33702-2529 9675 4TH STREET NORTH 44066062 ST.PETERSBURG FL 33702-2529 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3091047 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREWES, JOHN G Street Address (P.O. Box Number is Not Acceptable) 9675 4TH STREET NORTH SAINT PETERSBURG FL,33702 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE VD) TITLE Addition DREWES, JOHN G. NAME NAME STREET ADDRESS 410.FÅN PALM COURT, N.E. STREET ADDRESS ST PETERSBURG FL-33703 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Addition ☐ Delete TITLE TITLE NAME FISHER, STEVEN D. NAME 4640 SHORTLEAF LANE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ST. PETERSBURG FL 33703 CITY-ST-ZIP ☐ Change Delete TITLE Addition DITLE NAME NAME DREWES, JAMES T STREET ADDRESS STREET ADDRESS 9675 4TH ST. N. CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED