


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # V55819 1. Entity Name MTLC MANAGEMENT CORP.	
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Principal Place of Business 103 S. ANCHORAGE DR. NORTH PALM BEACH, FL 33408 US	Mailing Address 103 S. ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408 US
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02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0349424	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, BECKY B. MOORE, ELLRICH, P.A. 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS, FL 33410

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000471212
03/28/06-80045-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STOUGH, LAURIL LYNN 12568 LINJOHN ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAUDREUIL, TAMARA JO 103 S ANCHORAGE DR NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, CONNIE SUE 103 S ANCHORAGE DR NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILL, PEGGY 103 S ANCHORAGE DR NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Peggy Hill, ASST SEC. 3/15/06 561-881-86
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #