


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90017 038 \*\*\*150.00

**DOCUMENT # 639715**  
 1. Entity Name  
**MARKET TECHNOLOGIES CORPORATION**



Principal Place of Business      Mailing Address  
 25941 APPLE BLOSSOM LANE      25941 APPLE BLOSSOM LANE  
 WESLEY CHAPEL, FL 33544      WESLEY CHAPEL, FL 33544

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*5807 Old Pasco Road*      *5807 Old Pasco Road*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Wesley Chapel, FL*      *Wesley Chapel, FL*

Zip      Country      Zip      Country  
*33544*      *USA*      *33544*      *USA*



01062007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-1944474**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MENDELSON, LOUIS B  
 501 E KENNEDY BLVD, SUITE 1700  
 25941 APPLE BLOSSOM LANE  
 ZEPHYRHILLS, FL 33544

**7. Name and Address of New Registered Agent**  
 Name *Mendelsohn, Louis B.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5807 Old Pasco Road*  
 City *Wesley Chapel*      FL      Zip Code *33544*

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]*      *Louis B. Mendelsohn*      *1/8/07*  
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**  
**After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>MENDELSON, LOUIS B<br>25941 APPLE BLOSSOM LANE<br>WESLEY CHAPEL, FL 33544<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>5807 Old Pasco Road</i><br><i>Wesley Chapel, FL 33544</i><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *[Signature]*      *Louis B. Mendelsohn*      *1/8/07*      *813-973-0496*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #