2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 16, 2008 8:00 am **Secretary of State DOCUMENT #639715** 01-16-2008 90022 006 ***150.00 MARKET TECHNOLOGIES CORPORATION Principal Place of Business Mailing Address 5807 OLD PASCO RD 5807 OLD PASCO RD 400~ WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-1944474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOUIS B. Mendelsohn MENDELSOHN, LOUIS B Street Address (P.O. Box Number is Not Acceptable) Characteristic by Albanya Day Branch by 107 5807 OLD PASCO RD 5807 Old PASCO ROAD WESLEY CHAPEL, FL 33544 Wesley chapel ^{zi}33344 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 agest. LOVIS B. Mondelsohn (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENDELSOHN, LOUIS B NAME NAME STREET ADDRESS 5807 OLD PASCO RD STREET ADDRESS City-St-ZiP WESLEY CHAPEL, FL 33544 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P TITLE Delete TITLE ☐ Change ☐ Addition 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 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.

LOUIS B. Mendelsohn

ED NAME OF EXCHING OFFICER OR DIRECTOR

FILED

813-973-0496