


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000004649
 1. Entity Name
MID-AMERICA TAPING & REELING, INC.



Principal Place of Business: **6601 LYONS ROAD SUITE E5 COCONUT CREEK FL 33073**
 Mailing Address: **121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number: **36-3333114**
 Applied For: Not Applicable

City & State

Zip: Country

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

6. Name and Address of Current Registered Agent
**PAULS, BARBARA A
 6601 LYONS ROAD E-5
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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: *Barbara Pauls*
 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: PCDT <input type="checkbox"/> Delete	NAME: PAULS, BARBARA A	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 121 EXCHANGE BLVD.	CITY-ST-ZIP: GLENDALE HEIGHTS IL 60139	STREET ADDRESS:	U00000484324
TITLE: S <input type="checkbox"/> Delete	NAME: PAULS, BARBARA A	CITY-ST-ZIP:	04/12/06-80033-022 150.00
STREET ADDRESS: 121 EXCHANGE BLVD	CITY-ST-ZIP: GLENDALE HEIGHTS IL 60139	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	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 Section 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 charged, or on an attachment with an address, with all other like empowered

SIGNATURE: *Barbara Pauls* 2/12/06 630-629-65