2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 04, 2004 08:00 AM Secretary of State

DOCUMENT # 201193 1. Entity Name MTD TECHNOLOGIES, INC.					Secretary of State
MIDIEC	HNOLOGIES, INC.				
Principal Place of Business Mailting Address 5201 102ND AVE NORTH 5201 102ND AVE NORTH PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782					
FINELLASTA	m, 11 33702	(MELLING I I SUSOE			
DO NOT WRITE IN THIS SPACE				01272004	No Chg-P CR2E034 (10/03)
				4. FE! Number Applied For Not Applicable 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
RUPPEL,GEORGE 5201 102ND AVE N PINELLAS PARK, FL 33782			DO NOT WRITE IN THIS SPACE		
8. The above named antity 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 rein				(grittslanie) nerw t	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD RUPPEL, DENNIS G 5201 102ND AVE N. PINELLAS PARK, FL	2			
TITLE NAME STREET ADDRESS CITY-ST-EP	VD RUPPEL, GEORGE 5201 102ND AVE N. PINELLAS PARK, FL	4			02/05/04-80026-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, RONALD 5201 102ND AVE N. PINELLAS PARK, FL 33782			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPEL, SANDRA J. 5201-102ND AVE N. PINELLAS PARK, FL			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					The second secon
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.					