

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460217

Entity Name: MGT OF AMERICA, INC.

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1576733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JUAREZ, MICHELLE
2123 CTR POINTE BLVD
TALLAHASSEE, FL 323084930 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARUTHERS, KENT
Address: 4044 BRANDON HILL DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: FORRER, FRED
Address: 4042 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: JUAREZ, MICHELLE
Address: 1880 CHARDONNAY PL
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: BOTWELL, W.K. JR
Address: 3431 CEDAR LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: HUNBLE, ED
Address: 10948 KNIGHT CT SE
City-St-Zip: OLYMPIA, WA 98501

Title: D () Delete
Name: MCGINNIS, KEN
Address: 5928 BLYTHEFIELD DR
City-St-Zip: EAST LANSING, MI 48823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE JUAREZ

T

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date