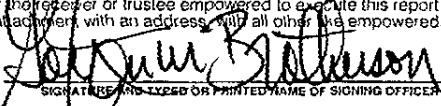


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000971			
1. Entity Name MECHANICAL BREAKDOWN ADMINISTRATORS, INCORPORATED			
Principal Place of Business 9419 E SAN SALVADORE SUITE 105 SCOTTSDALE, AZ 85258		Mailing Address 9419 E SAN SALVADORE SUITE 105 SCOTTSDALE, AZ 85258	
DO NOT WRITE IN THIS SPACE			
		04162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 52-1629339	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALONO, STEVEN M 215 SOUTH MONROE STREET, 2ND FLOOR TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating TITLE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	CS		
NAME	BROTHERSON, GAYLEN M		
STREET ADDRESS	9419 E SAN SALVADORE SUITE 105		
CITY-ST-ZIP	SCOTTSDALE, AZ 85258		
TITLE	VP		
NAME	BROTHERSON, JUDY K		
STREET ADDRESS	9419 E SAN SALVADORE SUITE 105		
CITY-ST-ZIP	SCOTTSDALE, AZ 85258		
TITLE	D		
NAME	WILCZEWSKI, GENE		
STREET ADDRESS	3608 S 74TH ST		
CITY-ST-ZIP	OMAHA, NE 68124		
TITLE	D		
NAME	CANNON, KEITH		
STREET ADDRESS	2300 SHAWN CT		
CITY-ST-ZIP	CARLSBAD, CA 92008		
TITLE	D		
NAME	BRADY, MICHAEL		
STREET ADDRESS	5450 S LAKESHORE DR STE 111		
CITY-ST-ZIP	TEMP, AZ 85283		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 shareholder 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 I am empowered.			
SIGNATURE:  CEO		4/16/04 480-860-2288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Telephone	