

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000971

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: MECHANICAL BREAKDOWN ADMINISTRATORS, INCORPORATED

## Current Principal Place of Business:

9419 E SAN SALVADORE  
SUITE 105  
SCOTTSDALE, AZ 85258

## New Principal Place of Business:

9419 E SAN SALVADOR  
SUITE 105  
SCOTTSDALE, AZ 85258

## Current Mailing Address:

9419 E SAN SALVADORE  
SUITE 105  
SCOTTSDALE, AZ 85258

## New Mailing Address:

9419 E SAN SALVADOR  
SUITE 105  
SCOTTSDALE, AZ 85258

FEI Number: 52-1629339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONO, STEVEN M  
215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE, FL 32301 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: CS ( ) Delete  
Name: BROTHERSON, GAYLEN M  
Address: 9419 E SAN SALVADORE SUITE 105  
City-St-Zip: SCOTTSDALE, AZ 85258

Title: VP ( ) Delete  
Name: BROTHERSON, JUDY K  
Address: 9419 E SAN SALVADORE SUITE 105  
City-St-Zip: SCOTTSDALE, AZ 85258

Title: D ( ) Delete  
Name: WILCZEWSKI, GENE  
Address: 3608 S 74TH ST  
City-St-Zip: OMAHA, NE 68124

Title: D ( ) Delete  
Name: CANNON, KEITH  
Address: 2300 SHAWN CT  
City-St-Zip: CARLSBAD, CA 92008

Title: D ( ) Delete  
Name: BRADY, MICHAEL  
Address: 5450 S LAKESHORE DR STE 111  
City-St-Zip: TEMP, AZ 85283

## 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  
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 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 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: GAYLEN M BROTHERSON

CS

03/02/2005

Electronic Signature of Signing Officer or Director

Date