

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000971

FILED
Jan 24, 2007
Secretary of State

Entity Name: MECHANICAL BREAKDOWN ADMINISTRATORS, INCORPORATED

Current Principal Place of Business:

9419 E SAN SALVADOR
SUITE 105
SCOTTSDALE, AZ 85258

New Principal Place of Business:

Current Mailing Address:

9419 E SAN SALVADOR
SUITE 105
SCOTTSDALE, AZ 85258

New Mailing Address:

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: BROTHERRSON, GAYLEN M
Address: 9419 E SAN SALVADORE SUITE 105
City-St-Zip: SCOTTSDALE, AZ 85258

Title: VP () Delete
Name: BROTHERRSON, 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 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: GAYLEN BROTHERRSON

CS

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date