

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # F03000001359

1. Entity Name
MANUFACTURING TECHNICAL SOLUTIONS, INC.



Principal Place of Business
1525 PERIMETER PARKWAY SUITE 245
HUNTSVILLE, AL 35806

Mailing Address
1525 PERIMETER PARKWAY SUITE 245
HUNTSVILLE, AL 35806



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1843376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARCHESE, MICHAEL
835 TURNBERRY COVE SOUTH
NICEVILLE, FL 32578

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	CURD, PAUL M
STREET ADDRESS	113 MIMOSA DRIVE
CITY-ST-ZIP	GALLATIN, TN 37066
TITLE	DV
NAME	PALMER, DAVID C
STREET ADDRESS	140 BLUEGRASS DRIVE
CITY-ST-ZIP	HENDERSONVILLE, TN 37075
TITLE	SD
NAME	CHAPMAN, THOMAS C
STREET ADDRESS	1525 PERIMETER PARKWAY
CITY-ST-ZIP	HUNTSVILLE, AL 35806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/06-80004-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Paul M. Curd **Paul M. Curd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 **(256) 890-9090**

Date

Daytime Phone #