

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001359

FILED
Apr 14, 2009
Secretary of State

Entity Name: MANUFACTURING TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

1525 PERIMETER PARKWAY SUITE 245
HUNTSVILLE, AL 35806

New Principal Place of Business:

1525 PERIMETER PARKWAY
SUITE 245
HUNTSVILLE, AL 35806

Current Mailing Address:

1525 PERIMETER PARKWAY SUITE 245
HUNTSVILLE, AL 35806

New Mailing Address:

1525 PERIMETER PARKWAY
SUITE 245
HUNTSVILLE, AL 35806

FEI Number: 62-1843376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHESE, MICHAEL
835 TURNBERRY COVE SOUTH
NICEVILLE, FL 32578 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: PCT () Delete
Name: CURD, PAUL M
Address: 113 MIMOSA DRIVE
City-St-Zip: GALLATIN, TN 37066

Title: VP/S () Delete
Name: HAYES, TAMMIE S
Address: 27425 LANDS END DRIVE
City-St-Zip: MADISON, AL 35756

Title: D () Delete
Name: SMITH, DONNIE
Address: 629 PINE GROVE ROAD
City-St-Zip: HARVEST, AL 35749

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:

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: PAUL M. CURD

PCT

04/14/2009

Electronic Signature of Signing Officer or Director

Date