


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90106 035 \*\*\*150.00

DOCUMENT # F04000003679

1. Entity Name  
**MTC SERV. CORP.**



Principal Place of Business      Mailing Address  
**344 F ST, STE 202**      **PO BOX 121060**  
**CHULA VISTA, CA 91910**      **CHULA VISTA, CA 91912**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**678 3rd Avenue**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 305**      City & State



03082007      Chg-P      CR2E034 (12/06)

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**33-0770882**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>MTC SERVICES CORPORATION</b> <b>2809 W 15TH STREET</b> <b>PANAMA CITY, FL 32401</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARATA, DAVID B	NAME	<b>678 3rd Avenue, Suite 305</b>
STREET ADDRESS	344 F ST, STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHULA VISTA, CA 91910	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARATA, MARGUERITE	NAME	<b>678 3rd Avenue, Suite 305</b>
STREET ADDRESS	344 F ST, STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHULA VISTA, CA 91910	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARATA, MARGUERITE	NAME	<b>678 3rd Avenue, Suite 305</b>
STREET ADDRESS	344 F ST, STE 202	STREET ADDRESS	
CITY-ST-ZIP	CHULA VISTA, CA 91910	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Christina Patiscatti      03.09.07      619-585-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**CHRISTINA PATISCATTI**