# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# F05000005750

**Entity Name:** MULTI-COMP, INC.

**Current Principal Place of Business:**

10085 RED RUN BLVD.
OWINGS MILLS, MD 21117

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CORPDIRECT AGENTS//ATTN: KEVIN ROBERTS
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number: 54-1843076** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
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: PCD ( ) Delete
Name: KALVELEGE, JOHN
Address: 10085 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: VD ( ) Delete
Name: NICKEY, GALEN JR.
Address: 10085 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: S ( ) Delete
Name: NICKEY, GALEN
Address: 10085 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

Title: TD ( ) Delete
Name: SALDITCH, IAN
Address: 10085 RED RUN BLVD.
City-St-Zip: OWINGS MILLS, MD 21117

**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:

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: GALEN NICKEY VD 04/27/2006

Electronic Signature of Signing Officer or Director — Date