2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# F06000001228

Entity Name: MULTIFAMILY TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

425BUSH STREET
SUITE 200
SAN FRANCISCO, CA 94108

New Principal Place of Business:

425 BUSH STREET
SUITE 200
SAN FRANCISCO, CA 94108

Current Mailing Address:

425BUSH STREET
SUITE 200
SAN FRANCISCO, CA 94108

New Mailing Address:

425 BUSH STREET
SUITE 200
SAN FRANCISCO, CA 94108

FEI Number: 20-3334391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DR., SUITE 4
WESTON, FL 33331 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: PST ( ) Delete
Name: HELM, JOHN
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: D ( ) Delete
Name: FENTON, NOEL
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: AS ( ) Delete
Name: HELM, ROBERT WILLIAM
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: AS ( ) Delete
Name: BERTOLLI, JOHN
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: AS ( ) Delete
Name: ODOM, DEIDRA
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

Title: AS ( ) Delete
Name: MASTROMATTO, THOMAS
Address: 425 BUSH ST. SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94108

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:

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: JOHN HELM PRES 03/26/2008

Electronic Signature of Signing Officer or Director Date