

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74921

Entity Name: M.P. ELECTRONICS, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

% MARK MCCARTNEY
2464 VULCAN RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

% MARK MCCARTNEY
2464 VULCAN RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2579692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTNEY, MARK S.
1825 LOST PINE LANE
APOPKA, FL 32712 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: S () Delete
Name: ADAMS, DEBRA
Address: 1263 SYDNEY COURT
City-St-Zip: APOPKA, FL 32703

Title: C () Delete
Name: GALLAGHER, JAMES
Address: 1263 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32757

Title: T () Delete
Name: MCCARTNEY, MARK S.
Address: 1825 LOST PINE LN.
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: EVANS, JOHN
Address: 5608 TRIMBLE PK RD
City-St-Zip: MOUNT DORA, FL 32757

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 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: DEBRA ADAMS

S

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date