## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J58500

1118 FERN AVE

BIG PINE KEY, FL 33043

Address:

City-St-Zip:

FILED Apr 19, 2007 Secretary of State

Entity Nam	ne: MANT	A SYSTEMS COI	RPORATION					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
1800 S E 10 STE 200 FORT LAU		FL 33316						
Current Mailing Address:				New Maili	New Mailing Address:			
P O BOX 430186 BIG PINE KEY, FL 33043					2937 HUNTERS POINT LANE CARROLLTON, TX 75007			
FEI Number:	59-2774481	FEI Number A	applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
SACKETT, ALFRED R 1118 FERN AVE BIG PINE KEY, FL 33043 US				700 FRON A&B MARII	SACKETT, ALFRED R 700 FRONT STREET A&B MARINA, SLIP 16TORTUGA KEY WEST, FL 33040 US			
The above in the State		ty submits this st	atement for the pu	rpose of changing i	ts registere	d office or registered agei	nt, or both,	
SIGNATURE:					04/19/2007			
	Elect	ronic Signature o	f Registered Agen	t		Date		
Election Cam	npaign Financ	cing Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P SACKETT, A 627 SOUTH, KEY WEST,	ARD STREET		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V BREININGE 627 SOUTH, KEY WEST,	ARD STREET		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	ST BOSIC, ROE	()Delete BERT D		Title: Name:	ST GOSSLING.	(X) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: LU GOSSLING VΡ 04/19/2007

2937 HUNTERS POINT LANE

CARROLLTON, TX 75007