Apr 16, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000013742 04-16-2007 90339 044 ****50.00 1. Entity Name BOLDSTAR TECHNICAL, LLC Principal Place of Business Mailing Address 2200 NW CORPORATE BLVD 2200 NW CORPORATE BLVD **6**00365**8**0 SUITE 220 SUITE 220 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6169 SE Georgetown Place PO Box 810515 Suite, Apt. #, etc Suite, Apt. #, etc 03152007 Chg-LLC CR2E083 (12/06) Cify & State Applied For City & State 4 FELNumber 20-0037281 Hobe Sound, FL Not Applicable Boca Raton, Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33455 33481 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLAUGHLIN, GREGORY A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O TRIPP SCOTT, P.A. 110 SE 6TH ST., 15TH FLOOR FT LAUDERDALE, FL 33301 City Zip Code FL 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 Signature, typed or printed name of registered agent and trille if applicable. Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM Delete TITLE X Change Addition M. P. TECHNICAL SERVICES, INC. NAME NAME PO Box 810515 2200 NW CORPORATE BOULEVARD SUITE 220 STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-S1-7!P BOCA RATON, FL 33431 Boca Raton, FL 33481 MGRM X Delete ☐ Change TITLE ☐ Addition TITLE BOLD CONTROLS, INC NAME NAME STREET ADDRESS STREET ADDRESS 4540 ATWATER COURT, #112 BUFORD, GA 30518 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP Delete THE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-\$1-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my agnature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

MP Technical Services, Inc. Managing Member

Michael Powell,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

*J*954-658<u>-3470</u>