2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079212

Entity Name: MAST TECHNOLOGIES, LLC

FILED Mar 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5815 90TH AVE CIR E PARRISH, FL 34219

Current Mailing Address: New Mailing Address:

5815 90TH AVE CIR E PARRISH, FL 34219

FEI Number: 20-2288857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CRANSTON, CRAIG

5815 90TH AVE CIR E

PARRISH, FL 34219

US

PROSSER, DAVID

5815 90TH AVE CIR E

PARRISH, FL 34219

US

PARRISH, FL 34219

US

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: DAVID PROSSER 03/16/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CRANSTON, CRAIG A
 Name:

 Address:
 5815 90TH AVE CIR E
 Address:

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PROSSER, DAVID
 Name:

 Address:
 5815 90TH AVE CIR E
 Address:

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 PROSSER, LORRAINE
 Name:

 Address:
 5815 90TH AVE CIR E
 Address:

 City-St-Zip:
 PARRISH, FL 34219
 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 is true and accurate and that my electronic signature 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID PROSSER MGRM 03/16/2008