

2005 FOR PROFIT CORPORATION -AMENDED ANNUAL REPORT

DOCUMENT # L28892

1. Entity Name
M-TECH SOUTH, INC.



APPROVED
AND
FILED

05 AUG 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08112005 Chg-P CR2E034 (10/03)

Principal Place of Business 11990 NE HWY 316 FT MCCOY, FL 32134 US		Mailing Address 11990 NE HWY 316 FT MCCOY, FL 32134 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2987084	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CLIFFORD, MAYNARD R 16485 NE 137 TERR FORT MC COY, FL 32134	7. Name and Address of New Registered Agent Name <u>Cledis Stump</u> Street Address (P.O. Box Number is Not Acceptable) <u>11990 NE Hwy 316</u> City <u>Ft. McCoy</u> FL Zip Code <u>32134</u>
--	--

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 Cledis Stump DATE Aug-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYNARD, CLIFFORD R. 16485 NE 137 TERR FORT MC COY, FL 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>K. Ecke! AUG 17 2005</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUMP CLEDIS 11990 NE HWY 316 FT MCCOY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>PV</u> <u>FT. MCCOY FL 32134</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STUMP, CLARA A 11990 N.E. HWY 316 FT. MCCOY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>FT. MCCOY FL 32134</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400058854434</u> <u>08/23/05 01007 004 **\$61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cledis Stump DATE Aug 11-05 352-236-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR