2008 FOR PROFIT CORPORATION

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and

SIGNATURE:

FILED ANNUAL REPORT Jan 10, 2008 08:00 AM Secretary of State DOCUMENT # L39407 1. Entity Name MGT INFORMATION, INC. Principal Place of Business Mailing Address 1820 STATE RD 13 1820 STATE RD 13 STE 4 JACKSONVILLE, FL 32259 STE 4 JACKSONVILLE, FL 32259 US 01042008 No Chg-P CB2E034 (11/05) Applied For 4. FEI Number 59-2982857 Not Applicable \$8.75 Additional 6. Name and Address of Current Registered Agent TAYLOR, MORRIS G. DO NOT WR 1820 STATE RD 13 IN THIS SPAC STE 6 JACKSONVILLE, FL 32259 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 little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE TAYLOR, MORRIS G. NAME STREET ADDRESS 13031 NORMEDS ROAD JACKSONVILLE, FL 32223 CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

offling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.