2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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DOCUMENT # M63752 1. Entity Name M.P. TECHNICAL SERVICES INCORPORATED					ń	05-02-200	-			
Principal Place of Business Mailing Address				- 4	U -					
-										
6269 SE GEORGETOWN PL PO BOX 810515					A	•				
HOBE SOUND, FL 33455 BOCA RATON, FL 33481				•						
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Principal Place of Business - No P.O. Box # Mailing Address										
437 Emπ	naus Way	437 Emmaus Way								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03142008	Chg-P	CROE	034 (12/06)		
					03142000	Olig 1	01124	034 (12/00)		
City & State		City & State	· ·		4. FEI Numb				plied For	
Moravi	Moravian Falls, NC Moravian Falls,				65-002	4542 ⁻		No	t Applicable	
Zip	Country	Zip	Country		5 Contificate	of Status Desire	ed 🗀	\$8.75 Add	litional	
28654	USA	28654	USA		5. Certificate	or grains pasite	30 L	Fee Required		
	6. Name and Address of Current I				7. Name and	Address of Ne	w Registered	Agent		
Name										
POWELL,	MICHAEL			Thomas S. Olesiewicz						
6169 SE G	SEORGETOWN PL		Street A	Street Address (P.O. Box Number is Not Acceptable)						
HOBE SO	UND, FL 33455									
	3 f		2101	w. c	ommerci	al Blvd.	. Suite	4800		
			City		Oldinor CT	ar price.			e	
				t. La	uderdal	e	F	L Zip Code	309	
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 3/11/08										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00	Selection Campaign Trust Fund Contribution			00 May Be ed to Fees				-	
· After Ma	ay 1, 2008 Fee will be \$550.0	1 mail and contribe	non.	Adde	50 10 F 668					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11	
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	podify that the information	this filing does not available to a	l	L Contained	in Chapter 11	Florida Statut	as I further as	artify that the 5	oformation	
12. I hereby certify that the information supplied with this (iling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director										
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 trustre 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.										
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