
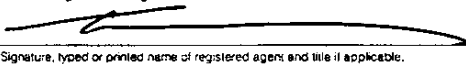
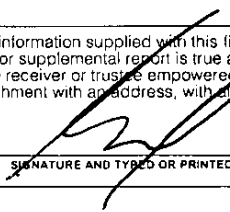


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90150 010 ***150.00

DOCUMENT # M63752					
1. Entity Name M.P. TECHNICAL SERVICES INCORPORATED					
Principal Place of Business 6269 SE GEORGETOWN PL HOBE SOUND, FL 33455		Mailing Address PO BOX 810515 BOCA RATON, FL 33481			
2. Principal Place of Business - No P.O. Box # 437 Emmaus Way Suite, Apt. #, etc.		3. Mailing Address 437 Emmaus Way Suite, Apt. #, etc.			
City & State Moravian Falls, NC		City & State Moravian Falls, NC		4. FEI Number 65-0024542	
Zip 28654	Country USA	Zip 28654	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, MICHAEL 6169 SE GEORGETOWN PL HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Thomas S. Olesiewicz Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd., Suite 4800 City Ft. Lauderdale FL Zip Code 33309		
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 				DATE 3/17/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D POWELL, MICHAEL 6169 SE GEORGETOWN PL HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	
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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 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 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: 			Michael Powell, Pres. 4/30/08 336-262-6178		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		