

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M63752

FILED
Apr 21, 2009
Secretary of State

Entity Name: M.P. TECHNICAL SERVICES INCORPORATED

Current Principal Place of Business:

437 EMMAUS WAT
MORAVIAN FALLS, NC 28654 US

New Principal Place of Business:

437 EMMAUS WAY
MORAVIAN FALLS, NC 28654 US

Current Mailing Address:

437 EMMAUS WAT
MORAVIAN FALLS, NC 28654 US

New Mailing Address:

P.O. BOX 877
MORAVIAN FALLS, NC 28654 US

FEI Number: 65-0024542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLESIEWICZ, THOMAS S
2101 W. COMMERCIAL BLVD., STE 4800
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWELL, MICHAEL
Address: 437 EMMAUS WAY
City-St-Zip: MORAVIAN FALLS, NC 28654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POWELL, MICHAEL S
Address: 437 EMMAUS WAY
City-St-Zip: MORAVIAN FALLS, NC 28654

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. POWELL

D

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date