

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M63752

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** M.P. TECHNICAL SERVICES INCORPORATED

**Current Principal Place of Business:**

437 EMMAUS WAY  
MORAVIAN FALLS, NC 28654 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** POWELL, MICHAEL S  
**Address:** 437 EMMAUS WAY  
**City-St-Zip:** MORAVIAN FALLS, NC 28654

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL POWELL

D

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date