## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012213

FILED Apr 27, 2008 Secretary of State

Entity Name: EMERALD COAST BUSINESS LEADERSHIP NETWORK INC.

Current Principal Place of Business:		New Principal Place of Business:	
	AVENUE NW LTON BEACH, FL 32548	MTC TECHNOLOGIES C 70 READY AVENUE NW FORT WALTON BEACH	1
Current Mailing Address:		New Mailing Address:	
M.T.I. 70 READY AVENUE NW FORT WALTON BEACH, FL 32548		MTC TECHNOLOGIES COMPANY 70 READY AVENUE NW FORT WALTON BEACH, FL 32548	
FEI Number:	32-0193103 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of N	lew Registered Agent:
FORT WAI	AVENUE NW LTON BEACH, FL 32548 US	HOLLARN, SHERYL MTC TECHNOLOGIES COMPANY 70 READY AVENUE NW FORT WALTON BEACH, FL 32548 US of changing its registered office or registered agent, or both,	
	of Florida.	or changing its registered o	mice of registered agent, or both,
SIGNATUF	RE: SHERYL HOLLARN		04/27/2008
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete PETRULLI, TRISHA 7259 FRANKFORT STREET NAVARRE, FL 32566	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete HOWARD, MARGIE 1719 TURKEY OAK DRIVE NAVARRE, FL 32566	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete CLARK, KIM 708 RANDALL ROBERTS ROAD FORT WALTON BEACH, FL 32547	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete MALLORY, KEN 571 ROUGH LEAF LANE MARY ESTHER, FL 32569	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete SCOTT, SHEILA 108 COUNTRY CLUB DRIVE SHALIMAR, FL 32597	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL HOLLARN PRES 04/27/2008