

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083573

Entity Name: MAPWISE, INC.

FILED  
Apr 04, 2007  
Secretary of State

## Current Principal Place of Business:

1025 OAK PRESERVE LN  
OSPREY, FL 34229

## New Principal Place of Business:

9536 BUCK HAVEN TRAIL  
TALLAHASSEE, FL 32312

## Current Mailing Address:

1025 OAK PRESERVE LN  
OSPREY, FL 34229

## New Mailing Address:

6753 THOMASVILLE RD  
SUITE 108-223  
TALLAHASSEE, FL 32312

FEI Number: 59-3669059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAY, BRIAN A  
1025 OAK PRESERVE LN  
OSPREY, FL 34229 US

## Name and Address of New Registered Agent:

MAY, BRIAN A  
9536 BUCK HAVEN TRAIL  
TALLAHASSEE, FL 32312 US

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:

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: MAY, BRIAN A  
Address: 1025 OAK PRESERVE LN  
City-St-Zip: OSPREY, FL 34229

Title: S ( ) Delete  
Name: MAY, PATRICIA D  
Address: 1025 OAK PRESERVE LN  
City-St-Zip: OSPREY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: MAY, BRIAN A  
Address: 9536 BUCK HAVEN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change ( ) Addition  
Name: MAY, PATRICIA D  
Address: 9536 BUCK HAVEN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN A MAY

D/P

04/04/2007

Electronic Signature of Signing Officer or Director

Date