2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023151

Entity Name: MTS TECHNICAL SUPPORT, INC.

FILED Feb 19, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1402 HWY A1A 1127 SOUTH PATRICK DRIVE

SUITE A SUITE 6

SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

PO BOX 372453 PO BOX 372453

SATELLITE BEACH, FL 329374 SATELLITE BEACH, FL 32937

FEI Number: 65-1083167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLOGER, JACKIE P GLOGER, JACKIE P

1127 SOÚTH PATRICK DRIVE 1402 HWY A1A

SUITE A SUITE 6

SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 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: 02/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: DVP GLOGER, DAN R SR GLOGER, DAN R SR Name: Name:

1402 HWY A1A, SUITE A 1127 SOUTH PATRICK DRIVE SUITE 6 Address: Address:

City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

DP Title: Title: DP (X) Change () Addition () Delete GLOGER, JACKIE P Name: Name: GLOGER, JACKIE P

1408 HWY A1A, SUITE A Address: 1127 SOUTH PATRICK DRIVE SUITE 6 Address:

SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACKIE P. GLOGER DP 02/19/2005