# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2007 8:00 am**
**Secretary of State**
04-19-2007 90199 043 ***150.00

DOCUMENT # P01000069312

1. Entity Name
M2 SYSTEMS CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 850 TRAFALGAR COURT<br>SUITE 100<br>MAITLAND, FL 32751 US | 850 TRAFALGAR COURT<br>SUITE 100<br>MAITLAND, FL 32751 US |

02132007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 850 TRAFALGAR CT | 850 TRAFALGAR CT |
| Suite, Apt. #, etc.<br>SUITE 110 | Suite, Apt. #, etc.<br>SUITE 110 |
| City & State<br>MAITLAND FL | City & State<br>MAITLAND FL |
| Zip 32751 / Country US | Zip 32751 / Country US |

4. FEI Number
59-3731401
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COLLINS, LINDA L ESQ<br>850 TRAFALGAR COURT<br>SUITE 100<br>MAITLAND, FL 32751 | Name: LINDA COLLINS<br>Street Address (P.O. Box Number is Not Acceptable): 850 TRAFALGAR CT<br>SUITE 110<br>City: MAITLAND **FL** Zip Code: 32751 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>MUSCATO, MICHAEL A<br>850 TRAFALGAR COURT<br>MAITLAND, FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>850 TRAFALGAR CT, SUITE 110<br>MAITLAND, FL 32751 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ADAMS, JOSEPH W<br>850 TRAFALGAR COURT<br>MAITLAND, FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>850 TRAFALGAR CT, SUITE 110<br>MAITLAND, FL 32751 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>YADLEY, GREG ESQ<br>101 EAST KENNEDY BLVD<br>TAMPA, FL 33602 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph W Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #