# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 11, 2008 8:00 am**
**Secretary of State**
02-11-2008 90040 044 ***150.00

DOCUMENT # P01000069312

1. Entity Name
M2 SYSTEMS CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 850 TRAFALGAR COURT<br>SUITE 110<br>MAITLAND, FL 32751 US | 850 TRAFALGAR COURT<br>SUITE 110<br>MAITLAND, FL 32751 US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2301 MAITLAND CENTER PKWY | 2301 MAITLAND CENTER PKWY |
| Suite, Apt. #, etc.<br>SUITE 340 | Suite, Apt. #, etc.<br>SUITE 340 |
| City & State<br>MAITLAND, FLORIDA | City & State<br>MAITLAND, FLORIDA |
| Zip: 32751 Country: USA | Zip: 32751 Country: USA |

01142008 Chg-P CR2E034 (12/06)

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 110<br>MAITLAND, FL 32751 | Name: COLLINS, LINDA L.<br>Street Address (P.O. Box Number is Not Acceptable): 2301 MAITLAND CENTER PARKWAY<br>SUITE 340<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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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, SUITE 110<br>MAITLAND, FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>2301 MAITLAND CENTER PKWY SUITE 340<br>MAITLAND, FL 32751 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ADAMS, JOSEPH W<br>850 TRAFALGAR COURT, SUITE 110<br>MAITLAND, FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>2301 MAITLAND CENTER PKWY SUITE 340<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 2-8-08 407-551-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #