
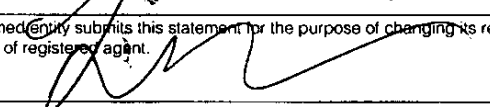
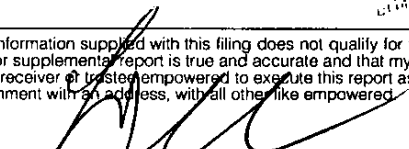


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90402 014 ***150.00

DOCUMENT # P01000072799 1. Entity Name M.P. TECHNOLOGIES, INC.					
Principal Place of Business 1699 REDWOOD GROVE TERR. LAKE MARY, FL 32746			Mailing Address 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746		
2. Principal Place of Business 15670 Bonita Blvd. Suite, Apt. #, etc.		3. Mailing Address 15670 Bonita Blvd. Suite, Apt. #, etc.			
City & State Keaton Bch, Florida Zip 32347 Country USA		City & State Keaton Bch, Florida Zip 32347 Country USA		4. FEI Number 59-3744067	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SENNELLO, LOUIS 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Sennello, Louis Street Address (P.O. Box Number is Not Acceptable) 15670 Bonita Blvd. City Keaton Beach FL Zip Code 32347		
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 4-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME SENNELLO, LOUIS STREET ADDRESS 1699 REDWOOD GROVE TERR CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Sennello, Louis STREET ADDRESS 15670 Bonita Blvd. CITY-ST-ZIP Keaton Beach FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME SENNELLO, JOAN STREET ADDRESS 1699 REDWOOD GROVE TERR CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Sennello, Joan STREET ADDRESS 15670 Bonita Blvd. CITY-ST-ZIP Keaton Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 4-20-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					