

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090466

FILED  
Jul 19, 2006  
Secretary of State

Entity Name: MASTER TEC, INC.

## Current Principal Place of Business:

3899 FIRST AVE SW  
NAPLES, FL 34117

## New Principal Place of Business:

2145 MALIBU LAKE CIRCLE  
SUITE 1827  
NAPLES, FL 34119

## Current Mailing Address:

3899 FIRST AVE SW  
NAPLES, FL 34117

## New Mailing Address:

2145 MALIBU LAKE CIRCLE  
SUITE 1827  
NAPLES, FL 34119

FEI Number: 59-3736776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCSHAND, GLENN R  
3899 FIRST AVE SW  
NAPLES, FL 34117 US

## Name and Address of New Registered Agent:

MCSHAND, GLENN R  
2145 MALIBU LAKE CIRCLE  
SUITE 1827  
NAPLES, FL 34119 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: \_\_\_\_\_

07/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCSHAND, GLENN R  
Address: 3899 FIRST AVE SW  
City-St-Zip: NAPLES, FL 34117

Title: D ( ) Delete  
Name: ANDREA, THOMAS  
Address: 4819 LASQUETI WAY  
City-St-Zip: NAPLES, FL 34119

Title: D (X) Delete  
Name: FALCO, ORAZIO  
Address: 3899 FIRST AVE. SW  
City-St-Zip: NAPLES, FL 34117

Title: D (X) Delete  
Name: HURTADO, WILMER  
Address: 3899 FIRST AVE. SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCSHAND, GLENN R  
Address: 2145 MALIBU LAKE CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change ( ) Addition  
Name: ALDRIDGE, DOUGLAS L  
Address: 725 SANTUARY RD.  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLENN MCSHAND

D

07/19/2006

Electronic Signature of Signing Officer or Director

Date