2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90031 012 ***150.00

DOCUMENT # P01000098845

1. Entity Name
M2-TEC, U.S.A., INC.

Principal Place of Business	Mailing Address
~~423 CLEVELAND ST.,STE 100~~ CLEARWATER, FL 33755	~~423 CLEVELAND ST.,STE 100~~ CLEARWATER, FL 33755

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1988 FREEDOM DRIVE	1988 FREEDOM DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: CLEARWATER FL	City & State: CLEARWATER, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number 59-3758716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALTIN, PATRICK
423 CLEVELAND ST.,STE 100
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name: VALTIN PATRICK
Street Address (P.O. Box Number is Not Acceptable): 1988 FREEDOM DRIVE
City: CLEARWATER FL Zip Code: 33755

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: PATRICK VALTIN [signature] 01.20.08.
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, 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	PVST VALTIN, PATRICK ~~423 CLEVELAND ST.,STE 100~~ CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 VALTIN PATRICK 1988 FREEDOM DRIVE CLEARWATER, FL 33755	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] PATRICK VALTIN 02.20.08 727-6879647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #