

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018258

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: MAP SYSTEMS CONSULTING, INC.

**Current Principal Place of Business:**

2666 SW 12TH COURT  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

2666 SW 12TH COURT  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 04-3626011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PREEDE, MICHAEL  
2666 SW 12TH COURT  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PREEDE, MICHAEL A  
Address: 2666 S.W. 12TH CT.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: BAUER, JOHN  
Address: PO BOX 4278  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A PREEDE

PRES

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date