

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080020

FILED
Jan 22, 2007
Secretary of State

Entity Name: MICROTECH WATER DAMAGE CONTROL, INC.

Current Principal Place of Business:

8535 BAYMEADOWS RD
SUITE 49
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8535 BAYMEADOWS RD
SUITE 49
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 30-0097231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEASLER, FRANK JR ESQUIRE
10407 CENTURION PKWY
SUITE 112
JACKSONVILLE, FL 32256 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: SOBOLEWSKI, BRIAN C
Address: P.O. BOX 50242
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: SHHD (X) Delete
Name: KISH, KENNETH A
Address: 1797 FARM WAY
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRIAN CONRAD SOBOLEWSKI

PRES

01/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date