2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081632

Entity Name: MAVERICK MAPPING, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

451 CATHY TRIPP LANE

JACKSONVILLE, FL 32220

451 CATHY TRIPP LANE SOUTH

JACKSONVILLE, FL 32220

JACKSONVILLE, FL 32220

Current Mailing Address: New Mailing Address:

451 CATHY TRIPP LANE
JACKSONVILLE, FL 32220

451 CATHY TRIPP LANE SOUTH
JACKSONVILLE, FL 32220

452 CATHY TRIPP LANE SOUTH

FEI Number: 68-0514448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAFELE, GEORGE A
451 CATHY TRIPP LANE
451 CATHY TRIPP LANE SOUTH
JACKSONVILLE, FL 32220 US
451 CATHY TRIPP LANE SOUTH
JACKSONVILLE, FL 32220 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: 01/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: HAFELE, GEORGE A Name: HAFELE, GEORGE A
Address: 451 CATHY TRIPP LANE Address: 451 CATHY TRIPP LANE SOUTH

Address: 451 CATHY TRIPP LANE Address: 451 CATHY TRIPP LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32220

Title: S () Delete Title: S (X) Change () Addition

Name: HAFELE, GEORGE A Name: HAFELE, GEORGE A

Address: 451 CATHY TRIPP LANE Address: 451 CATHY TRIPP LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32220

Name: HAFELE, GEORGE A Name: HAFELE, GEORGE A
Address: 451 CATHY TRIPP LANE Address: 451 CATHY TRIPP LANE SOUTH

Address: 451 CATHY TRIPP LANE Address: 451 CATHY TRIPP LANE SC City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32220

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: GEORGE A. HAFELE PRES 01/08/2007