



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000096271</b> 1. Entity Name <b>MACK CONTROL SOLUTIONS, INC.</b>	
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Principal Place of Business <b>15502 PEBBLE RIDGE STREET WINTER GARDEN, FL 34787</b>	Mailing Address <b>15501 PEBBLE RIDGE ST WINTER GARDEN, FL 34787</b>
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**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3871212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ANGELIA, MACK  
15501 PEBBLE RIDGE ST  
WINTER GARDEN, FL 34787**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACK, BRIAN L 15501 PEBBLE RIDGE ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MACK, ANGELIA 15501 PEBBLE RIDGE ST WINTER GARDEN, FL 34787
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02/20/08-80063-008 150.00

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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: *Angelia Mack* Y.P. **2/8/08** 407-905-2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #