2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM DOCUMENT #.P02000112581 **Secretary of State** 1. Entity Name MAYTECH, INC. Mailing Address Principal Place of Business 22250 FOUNTAIN LAKES BLVD. 22250 FOUNTAIN LAKES BLVD. **UNIT 201 UNIT 201** ESTERO, FL 33928 ESTERO, FL 33928 04282004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0487270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAY, ROBERT F 22250 FOUNTAIN LAKES BLVD. IN THIS SPACE **UNIT 201** ESTERO, FL 33928 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 U00000146865 10. OFFICERS AND DIRECTORS TITLE MAY, ROBERT F NAME 22250 FOUNTAIN LAKES BLVD, #201 STREET ADDRESS ESTERO, FL 33928 CITY-ST-ZEP TITLE N. AMAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP kiistakii suuri masais taka privisisiva minetyyryyyyteen saasaan meen missi TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/04 239.770.2052

FILED