

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 048 ***150.00

DOCUMENT # P03000025968 1. Entity Name MASTERTECS BAY INC					
Principal Place of Business 100 BUSINESS CENTER DRIVE SUITE 25 ORMOND BEACH, FL 32174			Mailing Address 100 BUSINESS CENTER DRIVE SUITE 25 ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 138 PALM COAST PKWYNE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 268			
City & State		City & State PALM COAST			
Zip	Country	Zip 32137	Country FL	4. FEI Number 56-2323339	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'SOUZA, ASHLEY 100 BUSINESS CENTER DRIVE SUITE 25 ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ASHLEY, D'SOUZA 100 BUSINESS CENTER DRIVE, SUITE 25 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Ashley D Souza</i></u> 2nd May 07 3865696173 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 40107503

Division of Corporations

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To, The person in charge of processing this Annual Report
I have tried in vain to E-file this report. And
I'm now mailing this in, with my check and this copie
to prove my attempts to file by the dead line.

Thank you,
Ashley.