

2005 FOR PROFIT CORPORATION ANNUAL REPORT


06-16-2005 90002 012 ***150.00

P03000040864

FILED

05 JUN 29 AM 8:48


SECRETARY OF STATE
409 TALLAHASSEE, FLORIDA

DOCUMENT # P03000040864 1. Entity Name MVII ELECTRONICS, INC.	
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Principal Place of Business 6966 FINAMORE CIRCLE LAKE WORTH, FL 33467	Mailing Address 6966 FINAMORE CIRCLE LAKE WORTH, FL 33467
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

Electronic Filing



05062005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent

VINCENT, TERESA J
6966 FINAMORE CIRCLE
LAKE WORTH, FL 33467

7. Name and Address of Now Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

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: *Teresa J Vincent* (NOTE: Registered Agent signature required when reinstating) DATE: *6/10/05*

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES VINCENT, TERESA J <i>Vincent, Teresa</i> <input type="checkbox"/> Delete 6966 FINAMORE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VINCENT, MICHAEL T <input type="checkbox"/> Delete 6966 FINAMORE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Changes <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Teresa J Vincent* DATE: *6/10/05* DAYTIME PHONE #: *561-964-8708*

Teresa J Vincent