2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P04000014694

Entity Name: MCE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

5215 S WESTSHORE BLVD SUITE 29
TAMPA, FL 33611

New Principal Place of Business:

1123 E. LONG LAKE RD
TROY, MI 48085

Current Mailing Address:

5215 S WESTSHORE BLVD SUITE 29
TAMPA, FL 33611

New Mailing Address:

1123 E. LONG LAKE RD.
TROY, MI 48085

FEI Number: 20-0639345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORT, THOMAS C
Address: 5215 S WESTSHORE BLVD SUITE 29
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete
Name: SANTOYO MARTINEZ, NORMA E
Address: 5215 S WESTSHORE BLVD SUITE 29
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORT, THOMAS C
Address: 1123 E. LONG LAKE RD.
City-St-Zip: TROY, MI 48085

Title: S (X) Change ( ) Addition
Name: SANTOYO MARTINEZ, NORMA E
Address: 1123 E. LONG LAKE RD.
City-St-Zip: TROY, MI 48085

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS C. MORT PD 07/07/2005

Electronic Signature of Signing Officer or Director — Date