

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90090 026 ***158.75

DOCUMENT # P04000103589

1. Entity Name
MG TECHNOLOGY SOLUTIONS INC



Principal Place of Business
15338 69TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418

Mailing Address
15338 69TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1352832

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN, MURPHY
9085 TREMEZZO LANE
BOYNTON BEACH, FL 33437

Name

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

City

FL

Zip Code

8. The above named entity certifies 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 of person or entity registered agent or both in the State of Florida

DATE

Registered agent signature required after becoming

FILE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	MURPHY, BRIAN	
STREET ADDRESS	9085 TREMEZZO LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP	☐ Delete
NAME	GRILLI, DEAN	
STREET ADDRESS	15338 69TH TRAIL NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and changed, or on an officer or an attorney with an address, with all other like empowered

SIGNATURE:

Dean C. Grilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean C. Grilli

4/11/05

861-427-7219