2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P04000105510

Entity Name: MAINTENANCE & RELIABILITY TECHNOLOGIES, INC.

Current Principal Place of Business:

1989 US HWY 17 SOUTH
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2286
BARTOW, FL 338312286 US

New Mailing Address:

FEI Number: 42-1637629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADFORD, ROBERT M
485 80-FT ROAD
BARTOW, FL 33830 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RADFORD, ROBERT M	
Address:	485 80-FT ROAD	
City-St-Zip:	BARTOW, FL 33830 US	
Title:	VP	(X) Delete
Name:	MACIAS, JOE III	
Address:	713 OAK FOREST DR	
City-St-Zip:	WAUCHULA, FL 33873 US	
Title:	VP	( ) Delete
Name:	THURMAN, MARTY D	
Address:	4702 1ST STREET NW	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	STD	( ) Delete
Name:	SOLOMON, E RAE	
Address:	5129 BONNYBROOK DR E	
City-St-Zip:	LAKELAND, FL 338111629 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: E RAE SOLOMON STD 01/19/2009

Electronic Signature of Signing Officer or Director — Date