2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127479

Entity Name: MDT CONSTRUCTION, INC.

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1608 PORTSMOUTH LAKE DR 1720 STAYSAIL DR. BRANDON, FL 335111875 VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

1608 PORTSMOUTH LAKE DR 1720 STAYSAIL DR. BRANDON, FL 335111875 VALRICO, FL 33594

FEI Number: 40-0194585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, MICHAEL

1608 PORTSMOUTH LAKE DR

BRANDON, FL 335111875 US

JOHNSON, MICHAEL

1720 STAYSAIL DR.

VALRICO, FL 33594 US

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: 01/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: JOHNSON, MICHAEL Name: JOHNSON, MICHAEL Address: 1608 PORTSMOUTH LAKE DR JOHNSON, MICHAEL 1720 STAYSAIL DR.

City-St-Zip: BRANDON, FL 335111875 City-St-Zip: VALRICO, FL 33594

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 PAU, DIANE
 Name:
 PAU, DIANE

 Address:
 1608 PORTSMOUTH LAKE DR
 Address:
 1720 STAYSAIL DR.

 City-St-Zip:
 BRANDON, FL 335111875
 City-St-Zip:
 VALRICO, FL 33594

Title: S () Delete Title: S (X) Change () Addition

 Name:
 JOHNSON, TOM
 Name:
 JOHNSON, TOM

 Address:
 1608 PORTSMOUTH LAKE DR
 Address:
 1720 STAYSAIL DR.

 City-St-Zip:
 BRANDON, FL 335111875
 City-St-Zip:
 VALRICO, FL 33594

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: MICHAEL A JOHNSON PRES 01/12/2008