2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127504

Name:

Address:

City-St-Zip:

FILED Mar 01, 2007 Secretary of State

Entity Na	me: MILESTC	NE MECHANICAL	., INC.					
Current Principal Place of Business:				New Principal Place of Business:				
466 W. STATE ROAD 434 SUITE 120A LONGWOOD, FL 32750				466 W. STATE ROAD 434 SUITE 120 LONGWOOD, FL 32750				
Current N	lailing Addres	New Mailing Address:						
SUITE 120	TATE ROAD 43 DA DOD, FL 32750			SUITE 120	ATE ROAD (
FEI Number	: 11-3726267	FEI Number Applie	ed For () FEI Nu	ımber Not Appl	icable ()	Certific	ate of Status De	sired ()
Name and	d Address of C	Current Registered	d Agent:	Name and	Address of	New Reg	gistered Age	nt:
ONDECKE 2200 ESSI OCOEE, F		S						
	e named entity : e of Florida.	submits this statem	nent for the purpose	of changing i	ts registered	office or	registered age	∍nt, or both,
SIGNATU								
	Electror	nic Signature of Re	gistered Agent				Date	
Election Ca	mpaign Financing	g Trust Fund Contribu	ution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD () ONDECKER, J 2200 ESSEX D OCOEE, FL 34	R.		Title: Name: Address: City-St-Zip:	PTD ONDECKER, 2200 ESSEX OCOEE, FL	JOHN D DR.	() Addition	
Title: Name: Address: City-St-Zip:	VTD () SALYERS, JOS 180 BOMBAY A WINTER SPRIN	VE.		Title: Name: Address: City-St-Zip:	VD SALYERS, JO 180 BOMBAY WINTER SPE	OSEPH AVE.	() Addition 32708	
Title: Name: Address: City-St-Zip:	TD (X ONDECKER, Ju 2200 ESSEX D OCOEE, FL 34	R.		Title: Name: Address: City-St-Zip:	,	() Change	() Addition	
Title:	()) Delete		Title:	V	() Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address: City-St-Zip: ROSENBERG, HARLAN

2831 CARDASSI DRIVE

OCOEE, FL 34761

SIGNATURE: JOHN D. ONDECKER PTD 03/01/2007