

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133684

Entity Name: MCS TECHNOLOGIES, INC.

FILED  
Jan 22, 2005  
Secretary of State

**Current Principal Place of Business:**

14895 PLEASANT BAY LANE #5202  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

14895 PLEASANT BAY LANE #5202  
NAPLES, FL 34119

**New Mailing Address:**

PO BOX 771299  
NAPLES, FL 34107

FEI Number: 20-1658896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDERMAN, BRAIN  
14895 PLEASANT BAY LANE #5202  
NAPLES, FL 34119 US

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

ALDERMAN, BRAIN T CEO  
PO BOX 771299  
NAPLES, FL 34107 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: BRIAN ALDERMAN

01/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALDERMAN, BRAIN  
Address: 14895 PLEASANT BAY LANE #5202  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ALDERMAN, BRAIN  
Address: PO BOX 771299  
City-St-Zip: NAPLES, FL 34107

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: BRIAN ALDERMAN

CEO

01/22/2005

Electronic Signature of Signing Officer or Director

Date