

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159599

Entity Name: M.I.D.A. SYSTEMS INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

6808 WESTBOROUGH LN
ORLANDO, FL 32818 US

New Principal Place of Business:

288 LINBERRY LN
OCOE, FL 34761 US

Current Mailing Address:

6808 WESTBOROUGH LN
ORLANDO, FL 32818 US

New Mailing Address:

288 LINBERRY LN
OCOE, FL 34761 US

FEI Number: 42-1652237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, JAMES A
6808 WESTBOROUGH LN
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

SULLIVAN, JAMES A
288 LINBERRY LN
OCOE, FL 34761 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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, JAMES A
Address: 6808 WESTBOROUGH LN
City-St-Zip: ORLANDO, FL 32818 US

Title: VP () Delete
Name: SULLIVAN-WADE, JOSETTE K
Address: 6808 WESTBOROUGH LN
City-St-Zip: ORLANDO, FL 32818

Title: OD () Delete
Name: TYLER, POLINA
Address: 6808 WESTBOROUGH LN
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, JAMES A
Address: 288 LINBERRY LN
City-St-Zip: OCOE, FL 34761 US

Title: VP (X) Change () Addition
Name: SULLIVAN-WADE, JOSETTE K
Address: 288 LINBERRY LN
City-St-Zip: OCOE, FL 34761

Title: OD (X) Change () Addition
Name: TYLER, POLINA
Address: 288 LINBERRY LN
City-St-Zip: OCOE, FL 34761

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: JOSETTE SULLIVAN-WADE

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date