

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000133484

Entity Name: MIDEX SOLUTIONS INC

FILED  
May 31, 2007  
Secretary of State

## Current Principal Place of Business:

10411 ALTMAN STREET  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 16349  
TAMPA, FL 33687

## New Mailing Address:

FEI Number: 20-3713891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FRASER, DEXTER  
10411 ALTMAN STREET  
TAMPA, FL 33687 US

## Name and Address of New Registered Agent:

FRASER, MARSHA  
10411 ALTMAN STREET  
TAMPA, FL 33687 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: MARSHA AMOY FRASER

05/31/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: FRASER, DEXTER  
Address: 10411 ALTMAN STREET  
City-St-Zip: TAMPA, FL 33687 US

Title: VP/D ( ) Delete  
Name: CHEN, MICHAEL  
Address: 921 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

Title: T ( ) Delete  
Name: CHEN, RAQUELINE  
Address: 921 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

Title: S/D ( ) Delete  
Name: FRASER, MARSHA A  
Address: 10411 ALTMAN STREET  
City-St-Zip: TAMPA, FL 33612 US

Title: SD (X) Delete  
Name: CHEN, MARIO A  
Address: 913 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: FRASER, MARSHA  
Address: 10411 ALTMAN STREET  
City-St-Zip: TAMPA, FL 33687 US

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

Title: S (X) Change ( ) Addition  
Name: CHEN, RAQUELINE  
Address: 921 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

Title: O (X) Change ( ) Addition  
Name: CHEN, MARIO A  
Address: 913 AXLEWOOD CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

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: MARSHA AMOY FRASER

P

05/31/2007

Electronic Signature of Signing Officer or Director

Date