2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083512

Entity Name: M-TEK TECHNOLOGY, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

261 SW TULIP BLVD. 261 S.W. TULIP BLVD.

PORT ST LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953 US

Current Mailing Address: New Mailing Address:

P O BOX 3042 P. O. BOX 3042

PORT ST LUCIE, FL 34995 US

FEI Number: 20-5062464 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:

HIDALGO, MICHAEL
261 SW TULIP BLVD.

HIDALGO, MICHAEL
261 S.W. TULIP BLVD.

PORT ST LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34953 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: 01/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HIDALGO, MICHAEL
 Name:
 HIDALGO, MICHAEL

 Address:
 261 SW TULIP BLVD.
 Address:
 261 S.W. TULIP BLVD.

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT SAINT LUCIE, FL 34953

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

 Name:
 HIDALGO, MICHAEL
 Name:
 HIDALGO, MICHAEL

 Address:
 261 SW TULIP BLVD.
 Address:
 261 S.W. TULIP BLVD.

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:
 PORT SAINT LUCIE, FL 34953

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

Name:HIDALGO, MICHAELName:HIDALGO, MICHAELAddress:261 SW TULIP BLVD.Address:261 S.W. TULIP BLVD.City-St-Zip:PORT ST LUCIE, FL 34953City-St-Zip:PORT SAINT LUCIE, FL 34953

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 HIDALGO P 01/04/2008