

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06241

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: MECHANICAL INDUSTRIES, INC.

## Current Principal Place of Business:

2920 PACIFIC DRIVE  
NORCROSS, GA 30071

## New Principal Place of Business:

2918 PACIFIC DRIVE  
NORCROSS, GA 30071

## Current Mailing Address:

PO BOX 2203  
NORCROSS, GA 30091

## New Mailing Address:

FEI Number: 58-1491972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BERRY, RON W  
Address: 2109 PINETREE DRIVE C-20  
City-St-Zip: BUFORD, GA 30518

Title: CFO ( ) Delete  
Name: HAMILTON, JAMES A  
Address: 2920 PACIFIC DRIVE  
City-St-Zip: NORCROSS, GA 30071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: MARTIN, DOUGLAS D  
Address: 165 FORESTVIEW DRIVE  
City-St-Zip: SUWANEE, GA 30024

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: CINDY SHANER

ASST

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date