2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 02, 2008
Secretary of State

DOCUMENT# P07000073163

Entity Name: MERCATECH, INC.

Current Principal Place of Business:

5101 NW 70 AVE.
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

5101 NW 70 AVE.
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-0399342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASI, CARY
Address: 5101 NW 70 AVE.
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete
Name: ARENT, MILDRED
Address: 5101 NW 70 AVE.
City-St-Zip: OCALA, FL 34482

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MASI, CARY DIR.
Address: 5101 NW 70 AVE.
City-St-Zip: OCALA, FL 34482

Title: P (X) Change ( ) Addition
Name: CEVOLO, STEFANO DIR.
Address: S.ROBERTO BELLARMINO 4,
City-St-Zip: ROMA, IT 00142

Title: S ( ) Change (X) Addition
Name: PHERIGO, RON DIR.
Address: 155 MAULDIN DR. SUITE B
City-St-Zip: ALPHARETTA, GA 30004

Title: MD ( ) Change (X) Addition
Name: DICARA, JOE DIR
Address: 155 MAULDIN DR. SUITE B
City-St-Zip: ALPHARETTA, GA 30004

Title: MD ( ) Change (X) Addition
Name: FOJANESI, MASSIMO DIR
Address: VIA CASELLA 38
City-St-Zip: ROMA, IT 00199

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: CARY MASI CEO 10/02/2008

Electronic Signature of Signing Officer or Director Date