2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P07000109452

Entity Name: MEDTECH ELECTRONICS SERVICE CENTER, INC.

Current Principal Place of Business:

401 MAGNOLIA OAK DR
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

401 MAGNOLIA OAK DR
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: VSTD ( ) Delete
Name: VANDEVENTER, SCOTT
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Delete
Name: VANDEVENTER, IRNA
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

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: V (X) Change ( ) Addition
Name: VANDEVENTER, SCOTT
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition
Name: VANDEVENTER, SCOTT
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Change (X) Addition
Name: VANDEVENTER, SCOTT
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition
Name: VANDEVENTER, SCOTT
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Change (X) Addition
Name: VANDEVENTER, IRNA
Address: 401 MAGNOLIA OAK DR
City-St-Zip: LONGWOOD, FL 32779

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: SCOTT VANDEVENTER P 04/15/2009
Electronic Signature of Signing Officer or Director Date