
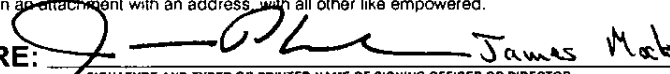


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90033 033 \*\*\*150.00

<b>DOCUMENT # P24391</b>			
1. Entity Name MPW INDUSTRIAL SERVICES, INC.			
Principal Place of Business 10814 S NAPLES CT JACKSONVILLE, FL 32218		Mailing Address 9711 LANCASTER ROAD, S.E. HEBRON, OH 43025	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 31-1014212		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BLACK, MONTE R 1400 STRINGTOWN RD LANCASTER, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Blade, Monte CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9711 Lancaster Rd SE Hebron OH 43025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOCK, JAMES 7535 SPRINGMILL DRIVE CANAL WINCHESTER, OH 43110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mock, James VP, Sec, Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9711 Lancaster Rd SE Hebron, OH 43025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOS VALENTINE, ROBERT 9711 LANCASTER RD SE HEBRON, OH 43025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, TIMOTHY 9711 LANCASTER RD SE HEBRON, OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEDMAN, ALFRED 9711 LANCASTER RD SE HEBRON, OH 43025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  James Mock		Date: 4/25/07	Daytime Phone #: (740) 927 8790