

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031837

FILED
Mar 27, 2009
Secretary of State

Entity Name: MECHANICAL ANALYSIS & RESOURCE, INC.

Current Principal Place of Business:

1335 BENETT DRIVE
#147
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1335 BENETT DRIVE
#147
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3235024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZALEWSKI, PETER
1335 BENNETT DRIVE
#147
LONGWOOD, FL 32750 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: D () Delete
Name: ZALEWSKI, PETER
Address: 400 NORTH ST. #152
City-St-Zip: LONGWOOD, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ZALEWSKI, PETER
Address: 1335 BENNETT DRIVE, SUITE 147
City-St-Zip: LONGWOOD, FL 32750

Title: SEC. () Change (X) Addition
Name: ZALEWSKI, RUTH M
Address: 1335 BENNETT DRIVE, SUITE 147
City-St-Zip: LONGWOOD, FL 32750

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: PETER ZALEWSKI

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date