

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076936

FILED
Apr 14, 2005
Secretary of State

Entity Name: M.B.C. ELECTRONIC FASTENERS, INC.

Current Principal Place of Business:

4406 EXCHANGE AVE., #139
NAPLES, FL 33942

New Principal Place of Business:

4406 EXCHANGE AVE., #139
NAPLES, FL 34104

Current Mailing Address:

4406 EXCHANGE AVE., #139
NAPLES, FL 33942

New Mailing Address:

4406 EXCHANGE AVE., #139
NAPLES, FL 34104

FEI Number: 65-0528640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, WILLIAM
4406 EXCHANGE AVE., #139
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

MITCHELL, WILLIAM
4406 EXCHANGE AVE., #139
NAPLES, FL 34104 US

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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, WILLIAM
Address: 4406 EXCHANGE AVE., #139
City-St-Zip: NAPLES, FL 33942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MITCHELL, WILLIAM
Address: 4406 EXCHANGE AVE., #139
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM MITCHELL

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date