2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90053 026 ***150.00

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04272007 Chg-P CR2E034 (12/06)

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1. Entity Name
MACHINE TECHNOLOGY & CONTROL, INC.

Principal Place of Business	Mailing Address
1683 BEARDALL AVE #117 SANFORD, FL 32771 US	1683 BEARDALL AVE 117 SANFORD, FL 32771 US

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: 65-0635853 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLS, Y J 2571 S.SPRING GARDEN AVE DELAND, FL 32720	Name: ROBERT TOMKO Street Address (P.O. Box Number is Not Acceptable): 2571 S. SPRING GARDEN AVE City: DELAND, FL 32720 FL Zip Code: 32720

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: [signature] Robert Tomko (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 4/27/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WILLS, YVONNIA 2571 S SPRINGGARDEN AVE DELAND, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOMKO, ROBERT 2571 S SPRING GARDEN AVE DELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,V ROBERT TONKO 2571 S. SPRING GARDEN AVE ~~DELAND, FL 32720~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Robert Tomko — 4/27/07 — (407) 328-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #