

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094757

FILED
Jan 07, 2008
Secretary of State

Entity Name: MIDRANGE SUPPORT & SERVICE, INC.

Current Principal Place of Business:

1122 E ATLANTIC AVE
STE C
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

1122 EAST ATLANTIC AVENUE
SUITE C
DELRAY BEACH, FL 33483 US

Current Mailing Address:

1122 E ATLANTIC AVE
STE C
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0633981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINAK, MELISSA S
1122 EAST ATLANTIC AVE.
SUITE C
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MARINAK, MELISSA S
1122 EAST ATLANTIC AVENUE
SUITE C
DELRAY BEACH, FL 33483 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: _____

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MARINAK, MELISSA S
Address: 1122 E ATLANTIC AVE STE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: PRES () Delete
Name: MARINAK, STEVE
Address: 1122 E ATLANTIC AVE STE C
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MARINAK, MELISSA S
Address: 1122 EAST ATLANTIC AVENUE, SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: PRES (X) Change () Addition
Name: MARINAK, STEVE
Address: 1122 EAST ATLANTIC AVENUE, SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

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: BROOKE LICCARDI

MGR

01/07/2008

Electronic Signature of Signing Officer or Director

Date