

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000062312

1. Entity Name
M.T.E., INC.



FILED
Jul 07, 2008 08:00 AM
Secretary of State

Principal Place of Business
**8930 N 13TH ST
GAINESVILLE, FL 32653**

Mailing Address
**8930 N 13TH ST
GAINESVILLE, FL 32653**

DO NOT WRITE IN THIS SPACE



07032008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3392110 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BERGSMA, PAUL
8930 N 13TH ST
GAINESVILLE, FL 32653**

**DO NOT WRITE
IN THIS SPACE**

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 _____

| | | |
|--|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|---|

10. OFFICERS AND DIRECTORS

| | |
|---|------------------------------|
| TITLE D | NAME BERGSMA, PAUL |
| STREET ADDRESS 8930 NW 13TH ST | |
| CITY- ST- ZIP GAINESVILLE, FL 32653 | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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07/07/08-80001-023 158.75

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: PAUL BERGSMA **03JUL08** **352 371 3898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #