2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P98000048410** 04-28-2004 90175 024 ***150.00 1. Entity Name MRC TECHS, INC. Principal Place of Business Mailing Address 2024 CARDAMION DR. 2024 CARDAMION DR. NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 No Chg-P 01292004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 65-0844476 Not Applicable \$8.75 Additional 6. Name and Address of Current Registered Agent MICHAEL CANIZIO DO NOT WRITE 2024 CARDARION DR. NEW PORT RICHEY, FL 34655 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE CANIZIO, MICHAEL NAME 6023 BOTTLEBRUSH DRIVE 2024 Card a MON DEVE STREET ADDRESS PORT-RICHEY, FL-34668 TRINITY, F1. 54655 CITY-ST-ZIP TITLE CANIZIO, ROBERT -NAME 2113 Larkspur Ct. 9841 ALVERON DRIVE STREET ADDRESS 34655 TRINITY, F1.34655 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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 applicability with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

MICHAEL CANIZIO,

1-29-04

REES - 316 (LEL)

FILED Apr 28, 2004 8:00 am

Date

Daytime Phone #