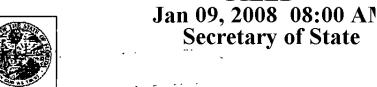
2008 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P98000073039** 1. Entity Name MURRAY TECHNICAL SALES, INC.



Principal Place of Business

- Mailing Address

10123 WILD QUAIL DR PORT SAINT LUCIE, FL 34986 10123 WILD QUAIL DR PORT SAINT LUCIE, FL 34986

FILED

DO NOT WRITE IN THIS SPACE

01052008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0862396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WILNER, STANFORD E 10123 WILD QUAIL DR

DO NOT WRITE.

PORT ST LUCIE, FL 34986			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and late	d applicable. (NOTE: Registered	f Agent signature	required when rematering)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILNER, STANFORD E 10123 WILD QUAIL DR PORT SAINT LUCIE, FL 34986				U00060777125 01/03/08-80052-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WILNER, YVETTE B 10123 WILD QUAIL DR PORT SAINT LUCIE, FL 34986				01/03/00-00052-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

NAME STREET ADDRESS CITY-ST-ZIP