## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90283 024 \*\*\*150.00

DOCUMENT # P99000019788  1. Entity Name MSE TECHNOLOGY COMPANY								04-27-2005 90	0283 024	***150.0	00
Principal Place of Business Mailing Address							_				
1638 E ATLANTIC BLVD				1638 E ATLANTIC BLVD			Ì				
POMPANO BEACH, FL 33060				POMPANO BEACH, FL 33060			į				
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2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.			+	Suite, Apt. #, etc.			04202005	Chg-P	CR2E0	34 (10/03)	
City & State				City & State		4. FEI Numl 65-093			<u> </u>	plied For t Applicable	
Zip	Country			Zip	try	5. Certificat	5. Certificate of Status Desired				
	6. Name	and Address of Curre	nt Regis	tered Agent			7. Name an	d Address of New R	egistered A	gent	
CTUDARIT	7 41 41	D.				Name					
STUPARITZ, ALAN D 900 E ATLANTIC BLVD., STE 17					Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BEACH, FL 33060											
						City FL Zip Code					
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, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
							_ <del></del>	<u> </u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.							\$5.00 May Be Added to Fees				
10. OFFICERS AND D				CTORS		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	DPST			☐ Delete					☐ Change	☐ Addition	
NAME	KIERNAN, DAVID				E						
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH, FL 33060				ET ADDRESS -SI-ZIP						
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STREET ADDRESS City-St-Zip						ET ADDRESS - ST-ZIP					İ
12 I boroby o	certify that th	e/information supplied	with this f	iling does not qualify fo	the eve	motion stated in	Section 119.07(3	)(i), Florida Statutes.	I further cert	ify that the in	nformation
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 suppliemental report is frue 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 attackment with an address, with all other like empowered.											