




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 012 ***150.00

DOCUMENT # P01000098845 1. Entity Name M2-TEC, U.S.A., INC.																													
Principal Place of Business 423 CLEVELAND ST., STE 100 CLEARWATER, FL 33755			Mailing Address 423 CLEVELAND ST., STE 100 CLEARWATER, FL 33755																										
2. Principal Place of Business - No P.O. Box # 1988 FREEDOM DRIVE Suite, Apt. #, etc.		3. Mailing Address 1988 FREEDOM DRIVE Suite, Apt. #, etc.																											
City & State CLEARWATER FL Zip 33755 Country USA		City & State CLEARWATER, FL Zip 33755 Country USA		4. FEI Number 59-3758716																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent VALTIN, PATRICK 423 CLEVELAND ST., STE 100 CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name VALTIN PATRICK Street Address (P.O. Box Number is Not Acceptable) 1988 FREEDOM DRIVE City CLEARWATER FL Zip Code 33755																										
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 <u>PATRICK VALTIN</u>  <u>01.20.08.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALTIN, PATRICK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>423 CLEVELAND ST., STE 100</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLEARWATER, FL 33755</td> <td></td> </tr> </table>			TITLE	PVST	<input type="checkbox"/> Delete	NAME	VALTIN, PATRICK		STREET ADDRESS	423 CLEVELAND ST., STE 100		CITY - ST - ZIP	CLEARWATER, FL 33755		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VALTIN PATRICK</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1988 FREEDOM DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CLEARWATER, FL 33755</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VALTIN PATRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1988 FREEDOM DRIVE		STREET ADDRESS	CLEARWATER, FL 33755		CITY - ST - ZIP		
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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: <u>PATRICK VALTIN</u>  <u>02.20.08</u> <u>727-6879647</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													