


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 551005 1. Entity Name THE 6-M COMPANY	
Principal Place of Business P.O. BOX 555237 ORLANDO FL 32855-2237	Mailing Address P.O. BOX 555237 ORLANDO FL 32855-2237



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2473229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALL, BEN, JR. 6266 WHISPERING WAY ORLANDO FL 32807	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD MORALL, DORIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 WHISPERING WAY	NAME	
STREET ADDRESS	ORLANDO FL 32807	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD MORALL, BEN JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 WHISPERING WAY	NAME	
STREET ADDRESS	ORLANDO FL 32807	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD MORALL, DENIYA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 WHISPERING WAY	NAME	
STREET ADDRESS	ORLANDO FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD MORALL, WENDELYN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 WHISPERING WAY	NAME	
STREET ADDRESS	ORLANDO FL 32807	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D MORALL, MONICA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4617 CASON COVE DR APT 926	NAME	
STREET ADDRESS	ORLANDO FL 32811	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D MORALL, BEN III <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6266 WHISPERING WAY	NAME	
STREET ADDRESS	ORLANDO FL 32807	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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03/29/07-80008-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Doris S. Morall - Doris S. Morall 3/14/07 407-277-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #