

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90138 011 \*\*\*150.00

<b>DOCUMENT # P97000054353</b> 1. Entity Name <b>MMC MARKETING GROUP, INC.</b>					
Principal Place of Business <b>610 ANCHOR POINT DELRAY BEACH, FL 33444</b>			Mailing Address <b>610 ANCHOR POINT DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0764892</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RENNICK, HUME M 610 ANCHOR POINT DELRAY BEACH, FL 33444</b>				7. Name and Address of New Registered Agent Name: <b>CYNTHIA J. RENNIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 ANCHOR POINT</b> City: <b>DELRAY BEACH</b> <b>FL</b> Zip Code: <b>33444-1773</b>	
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. <b>CYNTHIA J. RENNIC</b> SIGNATURE: <i>Cynthia J. Rennick</i> <b>PRESIDENT</b> <b>APRIL 29, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>RENNICK, CYNTHIA J</b> <b>610 ANCHOR POINT</b> <b>DELRAY BEACH, FL 33444</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MKTG. DIR.</b> <b>HUME M. RENNIC</b> <b>610 ANCHOR POINT</b> <b>DELRAY BEACH, FL 33444-1773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 address, with all other like empowered.					
SIGNATURE: <i>Cynthia J. Rennick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>CYNTHIA J. RENNIC</b>			<b>4/29/04 (561) 330-2951</b> <small>Date Daytime Phone #</small>		