2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2005 8:00 am **Secretary of State DOCUMENT # P99000092788** 03-23-2005 90044 036 ***150.00 DOUBLE M HOLDINGS, INC. Principal Place of Business Mailing Address PO BOX 915665 3196 DEER CHASE RUN LONGWOOD, FL 32779 LONGWOOD, FL 32791 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 59-3609670 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, DON Street Address (P.O. Box Number is Not Acceptable) 3196 DEER CHASE RUN LONGWOOD, FL 32779 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE Delete TITLE MOORE, DON NAME NAME STREET ADDRESS 3196 DEER CHASE RUN STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE MOORE, STACY NAME NAME 3196 DEER CHASE RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP Delete TITLE ☐ Change _ X Addition NAME NAME ACCOMMA, 3500M 2183 FERM DELL PLACE STREET ADDRESS STREET ADDRESS ANGELES CA 90068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

DON L. MOORE DIRECTOR

3/17/05 (407) 804-9070

FILED