2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000071132

1. *Entity Name*
MOPMM, INC.

Principal Place of Business	Mailing Address
14319 SKY FLOWER LANE TAMPA, FL 33626	14319 SKY FLOWER LANE TAMPA, FL 33626

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HABERMAN, MILTON H 14319 SKY FLOWER LANE TAMPA, FL 33626	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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HABERMAN, MILTON H 14319 SKY FLOWER LANE TAMPA, FL 33626	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 000000259893 03/12/05-80002-004 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO HABERMAN, REGINA A 14319 SKY FLOWER LANE TAMPA, FL 33626	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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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: Milton H. Haberman Milton H. Haberman 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #