

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000062979

**Entity Name:** MEDICAL MARIJUANA INC.

**Current Principal Place of Business:**

429 SOUTH KELLER ROAD  
300  
ORLANDO, FL 33810

**Current Mailing Address:**

429 SOUTH KELLER ROAD  
300  
ORLANDO, FL 33810 FL

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLEN, RILEY  
429 SOUTH KELLER ROAD  
300  
ORLANDO, FL 32810 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            ALLEN, RILEY  
Address        429 SOUTH KELLER ROAD, SUITE 300  
  
City-State-Zip: ORLANDO FL 32810

Title            VP,S  
Name            AGIN, BRENT  
Address        429 SOUTH KELLER ROAD, SUITE 300  
  
City-State-Zip: ORLANDO FL 32810

Title            VP,T  
Name            KIRKLAND, GORDON  
Address        429 SOUTH KELLER ROAD, SUITE 300  
  
City-State-Zip: ORLANDO FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARK BLAKE

**AGENT**

**03/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date