2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45598

Entity Name: TRIPLE M INVESTMENT COMPANY

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 % O.R. MINTON
 2000 N KINGS HIGHWAY

 BOX 670
 FT PIERCE, FL 34951

 FT PIERCE, FL 34954
 FT PIERCE, FL 34951

Current Mailing Address: New Mailing Address:

% O.R. MINTON POBOX 670

BOX 670 FT PIERCE, FL 34954

FT PIERCE, FL 34954

FEI Number: 59-2128465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MINTON, JOHN L
4905 4TH ST
4905 4TH ST

VERO BEACH, FL 32962 US VERO BEACH, FL 32968 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: 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 MINTON, B T
 Name:
 MINTON, B T

Address: 8431 HIDDEN PINES ROAD Address: 8431 HIDDEN PINES ROAD
City-St-Zip: FT PIERCE, FL 00000, City-St-Zip: FT PIERCE, FL 34945

Title: PD () Delete Title: PD (X) Change () Addition Name: MINTON, JOHN L Name: MINTON, JOHN L

Address: 4905 4TH STREET Address: 4905 4TH STREET

City-St-Zip: VERO BEACH, FL City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MINTON, SHIRLEY A
 Name:
 MINTON, SHIRLEY A

 Address:
 2501 S INDIAN RIVER DR
 Address:
 2513 S INDIAN RIVER DR

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:
 FORT PIERCE, FL 34950

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 MINTON, MICHAEL D
 Name:
 MINTON, MICHAEL D

 Address:
 2513 S. INDIAN RIVER DR
 Address:
 2513 S. INDIAN RIVER DR

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:
 FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN L MINTON PRES 04/21/2009