## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AM Secretary of State

954-467-3555

Daytime Priorie #

	VILLANT	REFURI	···	Secretary of State
DOCU	MENT # F97000001	349		
t. Entity Nan MDM GR	ROUP, LTD. INC.	<u>-</u>		
Principal Plac	ce of Business	Mailing Address	4 <del>.</del>	
1 .	OWARD BLVD.	1012 E. BROWARD BLVD.		
FT. LAUDER	DALE, FL 33301	FT. LAUDERDALE, FL 33301		
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}				
DO NOT WRITE IN THIS SPA			03122008 No Chg-P CR2E034 (11/05)	
L	O NO! WANTE	IN THIS SPA	CE	4. FEI Number Applied For
}				36-3436650 Not Applicable  S Cartificate of Status Costrod  \$ 8.75 Additional
L				5. Certificate of Status Desired  Fee Required
6. Name and Address of Current Registered Agent				
KOTLER, MICHAEL I			\$	DO NOT WRITE
54 SW BOCA RATON BLVD			ŧ	DO NOT WRITE
BOCA RATON, FL 33432			}	IN THIS SPACE
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The charge named with a begin this decrease to the support of the relief of the charge of Chaids 1 - I with with and a support of the Charge of Chaids 1 - I with with and a support of the charge of				
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				
Signature, typed or printed name of registrated again and alte if applicable. (NDTE: Registrated Again eignature required when reinstating) DATE				
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND D	IRECTORS	3	
TITLE NAME	CPST MARKOFF, MICKEY		l	U00000511843
STREET ADDRESS	1012 E. BROWARD BLVD.	-	•	04/23/06-80070-001 150.00
CHY-SI-ZIP	FT. LAUDERDALE, FL 33301		i	
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NAME STREET ADDRESS			ł	
CITY-ST-ZIP			j	
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NAME			Ĭ.	
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City-St-Zip			<b>§</b>	
TITLE			ł	
NAME STREET ADDRESS			į	
CITY-ST-ZIP			i	
	certily that the information supplied with t	nis filing does not qualify for the exe	mptions contained	in Chapter 119, Florida Statutes, I further certify that the information
12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address with all others.				
changed, or on an attachment with an address with a growth an action of the ampowered.				

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: