2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# F97000002278

Entity Name: MFM INDUSTRIES, INC.

Current Principal Place of Business:

3951 WEST HIGHWAY 329
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
LOWELL, FL 32663

New Mailing Address:

FEI Number: 59-3436720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, MICHAEL W
3951 WEST HWY 329
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WILKINSON, MICHAEL W
Address: 3951 WEST HIGHWAY 329
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: BAUM, RICHARD
Address: 10 KINZEL LANE
City-St-Zip: WEST ORANGE, NJ 07052

Title: D ( ) Delete
Name: ALBRECHT, KNUTE C
Address: 950 WEST VALLEY RD., SUITE 2902
City-St-Zip: WAYNE, PA 19084

Title: D ( ) Delete
Name: PALMER, W.M. JR
Address: 3233 SW 33RD ROAD, SUITE 201
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. WILKINSON PSTD 02/19/2007

Electronic Signature of Signing Officer or Director Date