2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08055

FILED Apr 24, 2009 Secretary of State

Entity Name: M & M TAXI SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** % MARSHA MCPEAKE 19309 GULFSTREAM DRIVE TEQUESTA, FL 33469 **New Mailing Address: Current Mailing Address:** % MARSHA MCPEAKE 19309 GULFSTREAM DRIVE TEQUESTA, FL 33469 FEI Number: 59-2701629 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: MCPEAKE, MARSHA 19309 GULFSTREAM DRIVE TEQUESTA, FL 33469 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

MCPEAKE, MARSHA Name: Name: MCPEAKE, MARSHA 19309 GULFSTREAM DRIVE 19309 GULFSTREAM DRIVE Address: Address: City-St-Zip: TEQUESTA, FL

TEQUESTA, FL City-St-Zip:

Title: () Delete Title: () Change (X) Addition Name: Name: MCPEAKE, DWAIN DISEC Address: Address: 19309 GULFSTREAM DR. TEQUESTA, FL 33469 City-St-Zip: City-St-Zip:

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: MARSHA A. MCPEAKE PTD 04/24/2009