2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# J59377

Entity Name: M M & N DISTRIBUTORS, INC.

Current Principal Place of Business:

3401 OAKWATER POINTE DR. (32812)
P.O. BOX 593541
ORLANDO, FL 328590541

New Principal Place of Business:

3401 OAKWATER POINTE DR. (32812)
ORLANDO, FL 32812

Current Mailing Address:

3401 OAKWATER POINTE DR. (32812)
P.O. BOX 593541
ORLANDO, FL 328590541

New Mailing Address:

P.O. BOX 593541
ORLANDO, FL 328593541

FEI Number: 59-2803080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JAMES T.
3401 OAKWATER POINTE DR.
ORLANDO, FL 32812 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: PD ( ) Delete
Name: MURPHY, JAMES T.,
Address: 3401 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL

Title: STVD ( ) Delete
Name: MURPHY, VALERIE J.
Address: 3401 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURPHY, JAMES T PD
Address: 3401 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

Title: STVD (X) Change ( ) Addition
Name: MURPHY, VALERIE J.
Address: 3401 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES T. MURPHY PD 04/27/2005
Electronic Signature of Signing Officer or Director — Date