2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 08:00 A Secretary of State DOCUMENT # L30040 1. Entity Name MPM INVESTORS, INC. Principal Place of Business Mailing Address 8129 GRANADA BLVD 8129 GRANADA BLVD ORLANDO, FL 32836 ORLANDO, FL 32836 US US 02152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2977569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Regulred 6. Name and Address of Current Registered Agent BAKSH, MUSTAPHA K DO NOT WRITE 8129 GRANADA BLVD ORLANDO, FL 32836 IN THIS SPACE 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 <u> U000000894224</u> 04/24/08-80019-015 150.00 OFFICERS AND DIRECTORS 10. TITLE BAKSH, MUSTAPHA K NAME STREET ADDRESS 8129 GRANADA BLVD CITY-ST-ZIP ORLANDO, FL 32836 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all gither like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR