


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 023 ***150.00

DOCUMENT # L38684	
1. Entity Name MARK MANAGEMENT INVESTMENT CORPORATION	

00043428

Principal Place of Business 491 N SR 434 STE 125 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address PO BOX 160580 ALTAMONTE SPRINGS, FL 32716-0580 US
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2. Principal Place of Business 2755 Border Lake Road	3. Mailing Address 2755 Border Lake Road
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101

02072005 Chg-P CR2E034 (10/03)

City & State Apopka, FL	City & State Apopka, FL
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4. FEI Number 59-2982749	Applied For Not Applicable
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Zip 32703-4857	Country USA	Zip 32703-4857	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KANAGA, MERIDYTHE 491 N SR 434 STE 125 ALTAMONTE SPRINGS, FL 32714	

7. Name and Address of New Registered Agent	
Name Meridythe Kanaga	
Street Address (P.O. Box Number is Not Acceptable) 2755 Border Lake Road	
Suite 101	
City Apopka	FL Zip Code 32703-4857

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANAGA, RICK 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KANAGA, MERIDYTHE 1176 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANAGA, RYAN 380 S. SR 434 STE #1004-174 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.

SIGNATURE: Meridythe Kanaga Meridythe Kanaga 4/9/05 407-862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #