

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004314

FILED
Feb 13, 2008
Secretary of State

Entity Name: M.H.M.B. INC.

Current Principal Place of Business:

1501 ROBERT CONLAN BLVD.
N.E. SUITE 7
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1501 ROBERT CONLAN BLVD.
N.E. SUITE 7
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-3699563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDRON, TOM D
112 W NEW HAVEN AVE
MELBOURNE, FL 32901 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOLEY, WILLIAM T
Address: 1680 MAIN ST NE
City-St-Zip: PALM BAY, FL 32905

Title: VD () Delete
Name: NUNEZ, KENNETH
Address: 440 NEPTUNE DR NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: WOODBURY, TED
Address: 467 CRESCENT DR.
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: KEE, ALFRED
Address: 580 BELAIR AVE.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: TRAMMELLE, AL
Address: 887 VANCE CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: TD () Delete
Name: CHADWICK, ROBERT L
Address: 1785 TEAK RD., SE.
City-St-Zip: PALM BAY, FL 32909

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
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. PITMAN

MEMB

02/13/2008

Electronic Signature of Signing Officer or Director

Date