


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 032 ****61.25

DOCUMENT # N99000004314	
1. Entity Name M.H.M.B. Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1501 ROBERT CONLAN BLVD. Suite, Apt. #, etc. N.E., SUITE 7 City & State PALM BAY, FL 32905 Zip 32905	3. Mailing Address P.O. Box 60426 Suite, Apt. #, etc. City & State PALM BAY, FL 32906-0426 Zip 32906-0426
Country BREVARD	Country BREVARD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3699563	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name TOM D. WALDRON Street Address (P.O. Box Number is Not Acceptable) 112 W. NEW HAVEN AVE. City MELBOURNE, FL Zip 32901	

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.

TOM D. WALDRON, ESQ.
SIGNATURE *Tom D. Waldron, Esq.* (NOTE: Registered Agent signature required when reinstating) DATE *3/3/03*

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON CATE 1530 EEDRON BLVD. S.E. PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNETH NUNEZ 440 NEPTUNE DR. N.E. PALM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD HENRY MARR 2015 ARISTOCRAT DR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AL TRAMMELLE 887 VANCE CIRCLE N.E. PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALFRED KEE 580 BELAIR AVE. MERRITT ISLAND, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ARNE BERNTSEN 1145 HERNE AVE. N.E. PALM BAY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Kee* **ALFRED KEE** **MARCH 4, 2003 (321)727-8750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)