


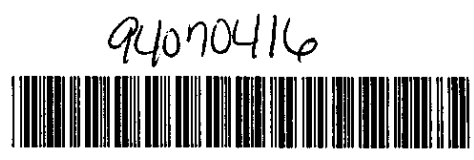
**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90207 035 \*\*\*150.00

DOCUMENT # P00000018871	
1. Entity Name MOBILE MANAGEMENT CORP.	

Principal Place of Business 970 NORTH CONGRESS AVE WEST PALM BEACH FL 33409	Mailing Address 970 NORTH CONGRESS AVE WEST PALM BEACH FL 33409
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MOORE CR2E034 (11/03)

2. Principal Place of Business 1000 NORTH CONGRESS AVE. Suite, Apt. #, etc. SUITE H City & State WEST PALM BEACH, FL Zip 33409 Country	3. Mailing Address 1000 NORTH CONGRESS AVE Suite, Apt. #, etc. SUITE H City & State WEST PALM BEACH, FL Zip 33409 Country
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4. FEI Number 65-0986325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

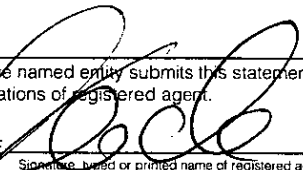
6. Name and Address of Current Registered Agent

DUDE, HARALD  
 970 NORTH CONGRESS AVE  
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name DUDE, HARALD  
 Street Address (P.O. Box Number is Not Acceptable)  
 1000 NORTH CONGRESS AVE, SUITE H  
 WEST PALM BEACH FL Zip Code 33409

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  HARALD DUDE, PRESIDENT APRIL 20, 2004  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete DUDE, HAROLD <del>970 NORTH CONGRESS AVE</del> WEST PALM BEACH FL 33409
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
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	PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DUDE, HARALD 1000 NORTH CONGRESS AVENUE, SUITE H WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:  HARALD DUDE, PRES. APRIL 20, 2004 (561) 712-4622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #