

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029686

FILED  
Jun 28, 2005  
Secretary of State

Entity Name: MILITARY BUSINESS MANAGEMENT, INC.

**Current Principal Place of Business:**

2335 EVANS RD  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2335 EVANS RD  
CLEARWATER, FL 33763

**New Mailing Address:**

FEI Number: 59-3639353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTTLIEB & GOTTLIEB, P.A.  
2475 ENTERPRISE ROAD  
SUITE 100  
CLEARWATER, FL 33763 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NINGARD, MCCLELLAN  
Address: 2587 COUNTRYSIDE BLVD. #301  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: ANDERSON, EDITH  
Address: 2587 COUNTRYSIDE BLVD. #301  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NINGARD, MCCLELLAN  
Address: 2587 COUNTRYSIDE BLVD. #301  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MCCLELLAN NINGARD

PRES

06/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date