2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P00000038918

Entity Name: DOUBLE M.P., INC.

Current Principal Place of Business:

10401 US HWY 441
#308
LEESBURG, FL 34788

New Principal Place of Business:

230 SE 32ND PL
OCALA, FL 34471

Current Mailing Address:

10401 US HWY 441
#308
LEESBURG, FL 34788

New Mailing Address:

230 SE 32ND PL
OCALA, FL 34471

FEI Number: 59-3649050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, LESLIE I ESQ
28 W. FLAGER ST
11TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

MORALES, CLAUDIA P P
230 SE 32ND PL
OCALA, FL 34471 US

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: CLAUDIA MORALES 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: MORALES, CLAUDIA P
Address: 230 SE 32ND PL
City-St-Zip: OCALA, FL 34471 US

Title: V ( ) Delete
Name: GALANO, RICARDO M
Address: FRANCISCO SEGUIN 114, SURCO URB LAS
City-St-Zip: GARDINIAS, LIMA PERU, OC

Title: S ( ) Delete
Name: PICCONE, OSCAR E
Address: 230 SE 32ND PL
City-St-Zip: OCALA, FL 34471 US

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:

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

SIGNATURE: CLAUDIA MORALES P 04/30/2008
Electronic Signature of Signing Officer or Director Date