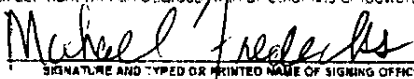


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000046675		
1. Entity Name M & M INSURANCE ADVISORS INC		
Principal Place of Business 4022 ROCKFELLER AVE. SARASOTA, FL 34231		Mailing Address 4022 ROCKFELLER AVE. SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent FREDRICKS, MICHAEL L 4022 ROCKFELLER AVE. SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of other giving 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 _____ Signature (typed or printed name of owner, officer, registered agent, or other authorized person) (Not Filled unless Agent signature required when filing) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREDRICKS, MICHAEL L 4022 ROCKFELLER AVE SARASOTA, FL 34231	DO NOT WRITE IN THIS SPACE U000000954438 07/11/08-80013-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICKS, SHARON L 4022 ROCKFELLER AVE SARASOTA, FL 34231	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Exhibit F-10-1