2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Aug 14, 2006 08:00 AN Secretary of State **DOCUMENT # P00000069003** MMK INVESTMENTS, INC. Principal Place of Business Mailing Address **SUITE 300** SUITE 300 1541 SUNSET DRIVE **1541 SUNSET DRIVE** CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 05022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1040846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HIGIER, GERALD M 1541 SUNSET DRIVE SUITE 300 IN THIS SPACE CORAL GABLES, FL 33143 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HIGIER, GERALD M NAME 000000574180 1541 SUNSET DRIVE SUITE 300 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attackment with an address with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP