


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000112908</b> 1. Entity Name <b>MAXIMUM MOBILITY INC.</b>	
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Principal Place of Business <b>4201 WESTGATE AVE. SUITE B6 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>P.O. BOX 251288 PLANO, TX 75025-1288</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1052597</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CELLI, MARIA  
10030 NW 14TH ST.  
PLANTATION, FL 33409**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	D CELLI, MARIA 10030 NW 14TH PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DONNIE 110 E. POLK RICHARDSON, TX 75081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, MICHAEL 10030 NW 14TH PLANTATION, FL 33322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000847503  
03/19/08-80021-020 150.00

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

Daytime Phone #

**2/27/08 772-231-4519**