2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000028282

FILED Oct 17, 2005 Secretary of State

Entity Nar	ne: M&MP/	AINT, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	/ELL BRANCH T, FL 32439	HRD						
Current Mailing Address:				New Mailing Address:				
P. O. BOX FREEPOR	906 T, FL 32439							
FEI Number:	59-3705697	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
43 CASWE	, MARGARET ELL BRANCH T, FL 32439							
	named entity of Florida.	submits this statement for the p	ourpose of	f changing it	s registered	office or re	egistered agent, or	both,
SIGNATUR	RE:							
	Electro	nic Signature of Registered Age	ent				Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFF	ICERS AND DIREC	CTORS:
Title: Name: Address: City-St-Zip:	PDS (GARRETT, MA 43 CASWELL FREEPORT, F	BRANCH RD.		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	AVP (MOSELY, JAM P.O. BOX 906 FREEPORT, F			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP (CYR II, WILLIA P.O.BOX 906 FREEPORT, F		X) Addition	

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: MARGARET D GARRETT **PDS** 10/17/2005