


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036916

1. Entity Name
MDM GROUP HOLDINGS LIMITED, INC.



Principal Place of Business Mailing Address

**1012 EAST BROWARD BLVD
 FT LAUDERDALE, FL 33301** **1012 EAST BROWARD BLVD
 FT LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-F CR2E034 (11/05)

4. FEI Number Applied For
52-2306257 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOTLER, MICHAEL I ESQ
 C/O SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLE
 54 SW BOCA RATON BLVD
 BOCA RATON, FL 33432**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	OPST MARKOFF, MICKEY 1012 EAST BROWARD BLVD FT LAUDERDALE, FL 33301
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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 prepare 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: Mickey Markoff Date: 3/20/06 Daytime Phone #: 954-467-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR