


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111877 1. Entry Name MMI DEVELOPMENT, INC.	
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FILED

05 APR 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 975 BENNETT DRIVE 205 ORLANDO, FL 32814	Mailing Address 975 BENNETT DRIVE 205 ORLANDO, FL 32814
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2. Principal Place of Business 4767 New Broad Street Baldwin Park	3. Mailing Address 4767 New Broad Street Baldwin Park
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04112005 Chg-P CR2E034 (10/03)

City & State Orlando, Florida	City & State Orlando, Florida		
Zip 32814	Country USA	Zip 32814	Country USA

4. FEI Number 58-2663769	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent WRIGHT, MICHAEL E 975 BENNETT DRIVE 205 ORLANDO, FL 32814	7. Name and Address of New Registered Agent Name Wright, Michael E. Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street Baldwin Park City Orlando FL Zip Code 32814
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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:  (NOTE: Registered Agent signature required when reinstating)

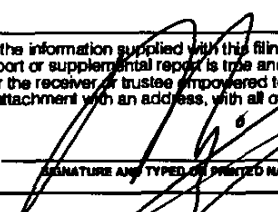
DATE: **4/15/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Wright, Michael E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL E	NAME	4767 New Broad Street
STREET ADDRESS	975 BENNETT DRIVE, 205	STREET ADDRESS	Baldwin Park Orlando, Florida 32814
CITY-ST-ZIP	ORLANDO, FL 32814	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	800052082388
STREET ADDRESS		STREET ADDRESS	04/26/05--01022--015 **\$150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

M E Wright

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: **4/15/05** Daytime Phone #