2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # P02000062260 1. Entity Name 02-20-2006 90042 045 ***150 00 M AND M ENTERPRISE INVESTMENTS, INC. Principal Place of Business Mailing Address 7723 S W 26TH PLACE GAINESVILLE FL 32607 7723 S W 26TH PLACE GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address 5220 SW 91 St TELL 5220 SW 91 STERK Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 03-0451901 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32408 32408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARIET, MARIO A Street Address (P.O. Box Number is Not Acceptable) 7723 Ś W 26TH PLACE GAINESVILLE FL 32607 32408 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 ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when coinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO ☐ Delete TITLE ☐ Addition SPINDLER, MARC A NAME NAME 5720 SW 91 31 TERK STREET ADDRESS STREET ADDRESS 7723 S W 26TH PLACE CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-7IP 32408 Addition Change ПΠЕ Delete TITLE NAME ARIET, MARIO A 5220 SW 91 ST TEXUE STREET ADDRESS STREET ADDRESS 7723 S W 26TH PLACE CITY+ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 32408 ~ . Chares ___ Addition TITLE mi C Beliae NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP COY-ST-7)P ☐ Change ☐ Defete ☐ Addition TIPLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #