2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063004

Entity Name: MOTION MODELS, INC.

FILED Apr 27, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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4163 N UNIVERSITY DR 4613 N UNIVERSITY DR

#290 #290

CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US

Current Mailing Address: New Mailing Address:

4163 N UNIVERSITY DR 4613 N UNIVERSITY DR

#290 #290

CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US

FEI Number: 04-3700236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSEN, JOEL ROSEN, JOEL

4163 N ÜNIVERSITY DR 4613 N ÜNIVERSITY DR

#290 #290 CODAL SPRINGS EL 22067 LIS CODAL SPRINGS EL 22067 LIS

CORAL SPRINGS, FL 33067 US CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ROSEN, JOEL Name: ROSEN, JOEL

Address: 4163 N UNIVERSITY DRIVE # 290 Address: 4613 N UNIVERSITY DRIVE # 290
City-St-Zip: CORAL SPRINGS, FL 33067
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete Title: S (X) Change () Addition

Name: ROSEN, JUDITH Name: ROSEN, JUDITH

Address: 4163 N UNIVERSITYDRIVE # 290 Address: 4613 N UNIVERSITYDRIVE # 290 City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOEL ROSEN PRES 04/27/2009