## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130529

Entity Name: MULTI MEDIA PROJECTS, INC.

FILED Mar 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 925 NE 209TH STREET 206 MIAMI, FL 331791220 US **Current Mailing Address: New Mailing Address:** P.O. BOX 530186 MIAMI SHORES, FL 331530186 US FEI Number: 06-1697272 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: HERCULE, JOSUE 925 NE 209TH STREET 206 MIAMI, FL 331791220 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: (X) Change ( ) Addition HERCULE, JOSUE Name: HERCULE, JOSUE Name: P.O. BOX 530186 P.O. BOX 530186 Address: Address: City-St-Zip: MIAMI SHORES, FL 331530186 US City-St-Zip: MIAMI SHORES, FL 331530186 US Title: Title: ( ) Delete (X) Change ( ) Addition Name: ENNEUS, GARY Name: ENNEUS, GARY P.O. BOX 530186 P.O. BOX 530186 Address: Address: MIAMI SHORES, FL 331530186 US MIAMI SHORES, FL 331530186 US City-St-Zip: City-St-Zip: ( ) Delete Title: VP. Title: () Change () Addition SAMPSON, APRIL Name: Name: P.O. BOX 530186 Address: Address: MIAMI SHORES, FL 331530186 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MONDESIR, EVENETTE Name: Name: Address: P.O. BOX 530186 Address: City-St-Zip: MIAMI SHORES, FL 331530186 US City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition CHARLES, MARIE MARTHE Name: CHARLES, MARIE MARTHE Name: P.O. BOX 530186 P.O. BOX 530186 Address: Address: MIAMI SHORES, FL 331530186 US City-St-Zip: City-St-Zip: MIAMI SHORES, FL 331530186 US ( ) Change (X) Addition Title: () Delete Title: Name: Name: LOUIS, KERNST Address: Address: P.O. BOX 530186 City-St-Zip: City-St-Zip: MIAMI SHORES, FL 331530186 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSUEHERCULE F 03/09/2006