2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 07, 2006
Secretary of State

DOCUMENT# P02000130529

Entity Name: MULTI MEDIA PROJECTS, INC.

Current Principal Place of Business:

925 NE 209TH STREET
206
MIAMI, FL 331791220 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530186
MIAMI SHORES, FL 331530186 US

New Mailing Address:

FEI Number: 06-1697272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERCULE, JOSUE
925 NE 209TH STREET
206
MIAMI, FL 331791220 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: F ( ) Delete
Name: HERCULE, JOSUE
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: F ( ) Delete
Name: ENNEUS, GARY
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: VP ( ) Delete
Name: SAMPSON, APRIL
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: D (X) Delete
Name: MONDESIR, EVENETTE
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: VP (X) Delete
Name: CHARLES, MARIE MARTHE
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: P (X) Delete
Name: LOUIS, KERNST
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: HERCULE, JOSUE
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: O (X) Change ( ) Addition
Name: ENNEUS, GARY
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: O (X) Change ( ) Addition
Name: LOUIS, KERNST
Address: P.O. BOX 530186
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSUÉHERCULE O 09/07/2006

Electronic Signature of Signing Officer or Director — Date