


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90021 005 ***150.00

DOCUMENT # P02000135022	
1. Entity Name MDM STRATEGIES, INC.	

Principal Place of Business 1525 W RIVIERA DR MERRITT ISLAND, FL 32953	Mailing Address 1525 W RIVIERA DR MERRITT ISLAND, FL 32953
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94017146

2. Principal Place of Business 1525 RIVIERA DR	3. Mailing Address 1525 W. RIVIERA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MERRITT ISLAND, FL	City & State Merritt Island, FL
Zip 32952	Zip 32952
Country	Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number 45-0496762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELSON, ROSEMARY 1525 W RIVIERA DR MERRITT ISLAND, FL 32953	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1525 W. RIVIERA DRIVE City FL Zip Code	

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 <i>Rosemary Nelson</i>	DATE 2/16/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 DR	<input type="checkbox"/> Delete	TITLE PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, ROSEMARY		NAME	
STREET ADDRESS 1525 W. RIVIERA DR		STREET ADDRESS 1525 W. Riviera Drive	
CITY-ST-ZIP MERRITT ISLAND, FL 32953		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	

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: <i>Rosemary Nelson</i>	DATE Feb 16, 2004 321-453-4328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	