

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039386

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: MASTER MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

2755 ARAGON TERRACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 950261  
LAKE MARY, FL 327950261

**New Mailing Address:**

FEI Number: 91-2185924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MASTER, PHILLIP  
2755 ARAGON TERRACE  
LAKE MARY, FL 32746

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: MASTER, PHILLIP  
Address: 2755 ARAGON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: MASTER, JOYETTE  
Address: 2755 ARAGON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: CHAMBERS, TAMARA  
Address: 3013 ISLAND BAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: CHAMBERS, BYRON M SR  
Address: 3013 ISLAND BAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V (X) Change ( ) Addition  
Name: CHAMBERS, TAMARA  
Address: 2755 ARAGON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change ( ) Addition  
Name: CHAMBERS, BYRON M SR  
Address: 2755 ARAGON TERRACE  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP MASTER

CEOP

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date