2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000056193

1. Entity Name
2M'S & 3D, INC.

Principal Place of Business	Mailing Address
7824 C LEXINGTON BLVD	7824 C LEXINGTON BLVD
DELRAY BCH, FL 33446	DELRAY BCH, FL 33446

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0832233	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, MARILYNN
7824 C LEXINGTON BLVD
DELRAY BCH, FL 33446

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMON, MARILYNN
STREET ADDRESS	7824 C LEXINGTON BLVD
CITY-ST-ZIP	DELRAY BCH, FL 33446

TITLE	D
NAME	WINKLER, MORRIE
STREET ADDRESS	7824 C LEXINGTON BLVD
CITY-ST-ZIP	DELRAY BCH, FL 33446

U00000859124
04/02/08-80008-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Morris Winkler* MORRIS WINKLER 14 Mar 08 (561)498-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #