

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140935

FILED
May 24, 2006
Secretary of State

Entity Name: M&M ALL AROUND SERVICES INC.

Current Principal Place of Business:

8903 HAMMOCK LOOP
POLK CITY, FL 33868

New Principal Place of Business:

6927 FOX CHASE DRIVE
LAKELAND, FL 33810

Current Mailing Address:

8903 HAMMOCK LOOP
POLK CITY, FL 33868

New Mailing Address:

6927 FOX CHASE DRIVE
LAKELAND, FL 33810

FEI Number: 73-1683692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRINE, LAUREN NICOL
8903 HAMMOCK LOOP
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

PRINE, LAUREN NICOL
6927 FOX CHASE DRIVE
LAKELAND, FL 33810 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:

05/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, MICHAEL RAY
Address: 8903 HAMMOCK LOOP
City-St-Zip: POLK CITY, FL 33868

Title: SD () Delete
Name: PRINE, LAUREN NICOL
Address: 8903 HAMMOCK LOOP
City-St-Zip: POLK CITY, FL 33868

Title: TD (X) Delete
Name: MILLER, BRETT ALLEN
Address: 937 FOX LAKE DRIVE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, MICHAEL RAY
Address: 6927 FOX CHASE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: SD (X) Change () Addition
Name: PRINE, LAUREN NICOL
Address: 6927 FOX CHASE DRIVE
City-St-Zip: LAKELAND, FL 33810

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: LAUREN PRINE

SD

05/24/2006

Electronic Signature of Signing Officer or Director

Date