# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# P04000044480

**Entity Name:** M THREE MANAGEMENT, INC.

**Current Principal Place of Business:**

1141 S ROGERS CIRCLE
BOCA RATON, FL 33487

**New Principal Place of Business:**

1141 S ROGERS CIRCLE
2
BOCA RATON, FL 33487

**Current Mailing Address:**

1141 S ROGERS CIRCLE
BOCA RATON, FL 33487

**New Mailing Address:**

1141 S ROGERS CIRCLE
2
BOCA RATON, FL 33487

**FEI Number: 20-2625844** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MADY, EDMUND
1141 S ROGERS CIRCLE
BOCA RATON, FL 33487 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MADY, NAEEM
Address: 19873 DINNER KEY DR
City-St-Zip: BOCA RATON, FL 33498

Title: VD ( ) Delete
Name: MADY, EDMUND
Address: 19873 DINNER KEY DR
City-St-Zip: BOCA RATON, FL 33498

Title: STD ( ) Delete
Name: FACCIOLLA, MICHELLE
Address: 6846 LAKE NONA PLACE
City-St-Zip: LAKE WORTH, FL 33463

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

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 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: MICHELLE FACCIOLA STD 04/26/2005

Electronic Signature of Signing Officer or Director — Date