## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000044480

Entity Name: M THREE MANAGEMENT, INC.

**FILED** May 01, 2008 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

1141 S ROGERS CIRCLE 1060 HOLLAND DRIVE

BOCA RATON, FL 33487 BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

1141 S ROGERS CIRCLE 1060 HOLLAND DRIVE

BOCA RATON, FL 33487 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: Name and Address of New Registered Agent:

MADY, EDMUND MADY, EDMUND 1141 S ROGERS CIRCLE 1060 HOLLAND DRIVE

BOCA RATON, FL 33487 US BOCA RATON, FL 33487 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: EDMUND MADY 05/01/2008

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MADY, NAEEM Name: Name: MADY, NAEEM 19873 DINNER KEY DR 1060 HOLLAND DRIVE, SUITE K Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: BOCA RATON, FL 33487

VD Title: VD Title: () Delete (X) Change ( ) Addition

MADY, EDMUND Name: Name: MADY, EDMUND

19873 DINNER KEY DR 1060 HOLLAND DRIVE, SUITE K Address: Address: BOCA RATON, FL 33498 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition STD STD FACCIOLLA, MICHELLE FACCIOLLA, MICHELLE Name: Name:

6846 LAKE NONA PLACE 1060 HOLLAND DRIVE, SUITE K Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: NAEEM MADY PD 05/01/2008