
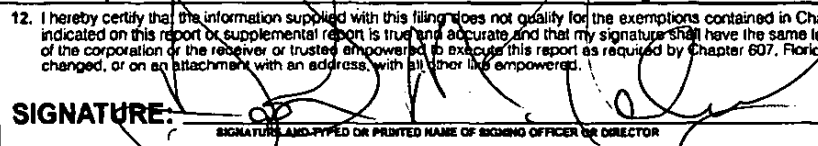


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-06-2006 90009 014 ***150.00

DOCUMENT # P04000156611 1. Entity Name MMI SERVICES, INC.			
Principal Place of Business 2556 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703		Mailing Address 2556 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 20-1888555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALANSKY, JACK M 2556 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P.D		
NAME	TALANSKY, JACK M		
STREET ADDRESS	2556 JMT INDUSTRIAL DRIVE STE 101		
CITY-ST-ZIP	APOPKA, FL 32703		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		3/16/06 407-293-3382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	