2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033491

City-St-Zip:

Entity Name: M & M HOME IMPROVEMENTS OF SOUTH FLORIDA, INC

FILED Apr 10, 2006 Secretary of State

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Current Principal Place of Business:	New Principal Place of Business:
C/O DONALD MOON 3745 COQUINA AVE. NORTH PORT, FL 34286 US	
Current Mailing Address:	New Mailing Address:
C/O DONALD MOON 3745 COQUINA AVE. NORTH PORT, FL 34286 US	
FEI Number: 20-2540361 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MASON, KATHI 2143 BALTIMORE STREET NORTH PORT, FL 34286 US	MOON, ALICE A RA 3763 COQUINA AVE NORTH PORT, FL 34286 US
The above named entity submits this statement for the p in the State of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATURE: ALICE A MOON	04/10/2006
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: D () Delete Name: MOON, DONALD B Address: 3745 COQUINA AVENUE City-St-Zip: NORTH PORT, FL 34286	Title: PRES (X) Change () Addition Name: MOON, DONALD B Address: 3745 COQUINA AVENUE City-St-Zip: NORTH PORT, FL 34286
Title: () Delete Name: Address: City-St-Zip:	Title: D. () Change (X) Addition Name: MOON, DONALD B Address: 3745 COQUINA AVE City-St-Zip: NORTH PORT, FL 34286
Title: () Delete Name: Address: City-St-Zip:	Title: SEC () Change (X) Addition Name: MOON, DONALD B Address: 3745 COQUINA AVE City-St-Zip: NORTH PORT, FL 34286
Title: () Delete Name: Address:	Title: TRES () Change (X) Addition Name: MOON, DONALD B Address: 3745 COOLINA AVE

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.

City-St-Zip: NORTH PORT, FL 34286

SIGNATURE: DONALD B MOON PRES 04/10/2006