2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040233

Entity Name: M & M LUCKMAN, INC.

FILED Mar 01, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

4174 BROOKMYRA DRIVE 1811 WEDGEWOOD WAY ORLANDO, FL 32837 US KISSIMMEE, FL 34746 US

Current Mailing Address: New Mailing Address:

PO BOX 2151 1811 WEDGEWOOD WAY WINDERMERE, FL 34786 US KISSIMMEE, FL 34746 US

FEI Number: 20-3207183 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:

LUCKMAN, MICHAEL
4174 BROOKMYRA DR
ORLANDO, FL 32837 US

LUCKMAN, MICHAEL
1811 WEDGEWOOD WAY
KISSIMMEE, FL 34746 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: MICHAEL LUCKMAN 03/01/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

 Name:
 LUCKMAN, MICHAEL
 Name:
 LUCKMAN, MICHAEL

 Address:
 4174 BROOKMYRA DRIVE
 Address:
 1811 WEDGEWOOD WAY

 City-St-Zip:
 ORLANDO, FL 32837 US
 City-St-Zip:
 KISSIMMEE, FL 34746 US

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

 Name:
 LUCKMAN, MARION
 Name:
 LUCKMAN, MARION

 Address:
 4174 BROOKMYRA DRIVE
 Address:
 1811 WEDGEWOOD WAY

 City-St-Zip:
 ORLANDO, FL 32837 US
 City-St-Zip:
 KISSIMMEE, FL 34746 US

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: MARION LUCKMAN VD 03/01/2007