

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060154

Entity Name: MDMJ ENTERPRISES, INC.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

18111 CRAWLEY RD
ODESSA, FL 33556

New Principal Place of Business:

6072 VAN DYKE ROAD
LUTZ, FL 33558 US

Current Mailing Address:

18111 CRAWLEY RD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-2561287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNON, MARIE A
18111 CRAWLEY RD
ODESSA, FL 33556 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: P () Delete
Name: MCKINNON, MARIE A
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: PETTIT, MELISSA
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: PETTIT, JOSHUA
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: MCKINNON, DAVID
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MCKINNON, MARIE A
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: MCKINNON, DAVID
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

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:

Title: S (X) Change () Addition
Name: MCKINNON, DAVID L SR.
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCKINNON, DAVID L SR
Address: 18111 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

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: MARIE MCKINNON

PRES

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date