2007 FOR PROFIT CORPORATION

Mar 19, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P06000008444 03-19-2007 90054 013 ***150.00 MMB MANAGEMENT COMPANY Principal Place of Business Mailing Address 1474 JORDAN HILLS COURT 1474.JORDAN HILLS COURT CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 4250 Central Ave. 3. Mailing Address 42.50 Central Suite, Apt. #, etc. 02222007 Chg-P CR2E034 (12/06) St. Pe Applied For 4. FEI Number 20-459 1207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNSON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1474 JORDAN HILLS COURT CLEARWATER, FL 33756 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, o'North, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAME MOOTZ, MATTHEW T NAME Clo 4250 Central Ave. C/O 1474 JORDAN HILLS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY - \$1- ZIP St. Petersburg FL 33711 TITLE ☐ Delete TITLE Change Addition BRUNSON, JOHN M NAME NAME 4250 Central Ave. 1474 JORDAN HILLS COURT STREET ADDRESS STREET ADDRESS CITY-ST-7tP CLEARWATER, FL 33756 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete

12. Thereby certify that the information supplied with this filling 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 of the corporation or the receiver or trusted empowered to execute the open changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS CiTY-ST-ZIP

FILED