

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064564

Entity Name: TMMG, INC.

FILED
Jun 10, 2007
Secretary of State

Current Principal Place of Business:

10413 WHITE PINTO COURT
LAKE WORTH, FL 33467

New Principal Place of Business:

9858 GLADES ROAD #156
BOCA RATON, FL 33434

Current Mailing Address:

10413 WHITE PINTO COURT
LAKE WORTH, FL 33467

New Mailing Address:

9858 GLADES ROAD #156
BOCA RATON, FL 33434

FEI Number: 56-2636275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, ELLIOT S
10413 WHITE PINTO COURT
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

COHEN, ELLIOT S
9858 GLADES ROAD #156
BOCA RATON, FL 33434 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:

06/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, DEBRA M
Address: 10413 WHITE PINTO COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: COHEN, ELLIOT S
Address: 10413 WHITE PINTO COURT
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, DEBRA M
Address: 9858 GLADES ROAD #156
City-St-Zip: BOCA RATON, FL 33434

Title: P (X) Change () Addition
Name: COHEN, ELLIOT S
Address: 9858 GLADES ROAD #156
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify 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: ELLIOT COHEN

P

06/10/2007

Electronic Signature of Signing Officer or Director

Date