

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083431

FILED
Sep 17, 2009
Secretary of State

Entity Name: MMN CONSULTING CORPORATION, INC.

Current Principal Place of Business:

204 XANADU PLACE
JUPITER, FL 33477 US

New Principal Place of Business:

8206 INDIGO RIDGE TERRACE
UNIVERSITY PARK, FL 34201 US

Current Mailing Address:

204 XANADU PLACE
JUPITER, FL 33477 US

New Mailing Address:

8206 INDIGO RIDGE TERRACE
UNIVERSITY PARK, FL 34201 US

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

Name and Address of Current Registered Agent:

NIXON, PATRICK
204 XANADU PLACE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

NIXON, MICHAEL
8206 INDIGO RIDGE TERRACE
UNIVERSITY PARK, FL 34201 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 NIXON

09/17/2009

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 D () Delete
Name: NIXON, PATRICK
Address: 204 XANADU PLACE
City-St-Zip: JUPITER, FL 33477 US

Title: S D () Delete
Name: NIXON, MICHAEL
Address: 204 XANADU PLACE
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: NIXON, AMANDA
Address: 8206 INDIGO RIDGE TERRACE
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: S D (X) Change () Addition
Name: NIXON, MICHAEL
Address: 8206 INDIGO RIDGE TERRACE
City-St-Zip: UNIVERSITY PARK, FL 34201 US

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: MICHAEL NIXON

SD

09/17/2009

Electronic Signature of Signing Officer or Director

Date