

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083431

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** MMN CONSULTING CORPORATION, INC.

**Current Principal Place of Business:**

8206 INDIGO RIDGE TERRACE  
UNIVERSITY PARK, FL 34201 US

**New Principal Place of Business:**

784 TIVOLI CIRCLE APT# 203  
DEERFIELD BEACH, FL 33441 US

**Current Mailing Address:**

8206 INDIGO RIDGE TERRACE  
UNIVERSITY PARK, FL 34201 US

**New Mailing Address:**

784 TIVOLI CIRCLE APT# 203  
DEERFIELD BEACH, FL 33441 US

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

NIXON, MICHAEL  
784 TIVOLI CIRCLE APT# 203  
DEERFIELD BEACH, FL 33441 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:

05/05/2010

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  
Name: NIXON, MARIE  
Address: 784 TIVOLI CIRCLE APT# 203  
City-St-Zip: DEERFIELD BEA, FL 33441 US

Title: S D  
Name: NIXON, MICHAEL  
Address: 784 TIVOLI CIRCLE APT# 203  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL NIXON

MN

05/05/2010

Electronic Signature of Signing Officer or Director

Date