

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114996

FILED
Apr 27, 2009
Secretary of State

Entity Name: MORTGAGE MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683

New Principal Place of Business:

29160 US HWY 19 N
CLEARWATER, FL 33761

Current Mailing Address:

2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683

New Mailing Address:

29160 US HWY 19 N
CLEARWATER, FL 33761

FEI Number: 20-5715875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKER, STANLEY
2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

BLACKER, STANLEY
29160 US HWY 19 N
CLEARWATER, FL 33761 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACKER, STANLEY
Address: 2445 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: BLACKER, BETH
Address: 10106 RADCLIFFE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: S/T () Delete
Name: MCCAFFREY, TERRI
Address: 2640 SIERRA VISTA WAY
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACKER, STANLEY
Address: 29160 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33761

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

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

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: STANLEY BLACKER

PRE

04/27/2009

Electronic Signature of Signing Officer or Director

Date