

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089805

FILED
Apr 15, 2009
Secretary of State

Entity Name: M&M MORTGAGE FREEDOM, INC.

Current Principal Place of Business:

1400 HAND AVENUE
SUITE P
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1400 HAND AVENUE
SUITE P
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-0691071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, SANDRA
1400 HAND AVENUE
SUITE P
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MONROE, MICHAEL G
1400 HAND AVE
SUITE P
ORMOND BEACH, FL 32174 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 G. MONROE

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDONALD, SANDRA
Address: 1400 HAND AVE, SUITE P
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Delete
Name: MONROE, MICHAEL
Address: 1400 HAND AVE., SUITE P
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Delete
Name: MCDONALD, WILLIAM
Address: 1400 HAND AVE., SUITE P
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONROE, MICHAEL G
Address: 1400 HAND AVE, SUITE P
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL G. MONROE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date