

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024322

FILED
Apr 30, 2009
Secretary of State

Entity Name: MY MEDICAL MARKETPLACE, INC.

Current Principal Place of Business:

9825 HARRELL AVE #503
REASURE ISLAND, FL 33706

New Principal Place of Business:

9825 HARRELL AVE #503
TREASURE ISLAND, FL 33706

Current Mailing Address:

9825 HARRELL AVE #503
REASURE ISLAND, FL 33706

New Mailing Address:

9825 HARRELL AVE #503
TREASURE ISLAND, FL 33706

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWDER, ROBERT W
9825 HARRELL AVE #503
REASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

LOWDER, ROBERT W
9825 HARRELL AVE #503
TREASURE ISLAND, FL 33706 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: ROBERT W. LOWDER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWDER, ROBERT
Address: 9825 HARRELL AVENUE, #503
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: ALBANESE, VINCENT J
Address: 36181 EAST LAKE ROAD, #136
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOWDER, ROBERT W
Address: 9825 HARRELL AVENUE, #503
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S/T (X) Change () Addition
Name: LOWDER, CHARLOTTE H
Address: 9285 HARRELL AVENUE #503
City-St-Zip: TREASURE ISLAND, FL 33706

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: CHARLOTTE H. LOWDER

S/T

04/30/2009

Electronic Signature of Signing Officer or Director

Date