2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072512

City-St-Zip: NAPLES, FL 34112 US

Entity Name: MNM ACCOUNTING SERVICES, INC

FILED Jun 22, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---|------------------------------------|--|--|
| | ANGE STREET , FL 34112 L | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | ANGE STREET , FL 34112 U | JS | | | |
| FEI Numbe | er: 26-3102164 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| 2957 ORA | BNY, MELISSA ANGE STREET , FL 34112 U | IS | | | |
| | e named entity : te of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | JRE: | | | | |
| | Electror | nic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICER | RS AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | P () DESAVIGNY, M 2957 ORANGE | | Title: Name: Address: | () Change () Addition | |

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: MELISSA DESAVIGNY MRS 06/22/2009