

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 047 ***150.00

DOCUMENT # P36762 1. Entity Name MULTI-NATIONAL MONEY MANAGEMENT CO., INC.			
Principal Place of Business 1801 S FLAGLER DR. #405 WEST PALM BEACH, FL 33401 US		Mailing Address 1801 S FLAGLER DR #405 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business - No P.O. Box # 529 S. FLAGLER DR		3. Mailing Address SAME	
Suite, Apt. #, etc. #9 H		Suite, Apt. #, etc. SAME	
City & State WEST PALM Bch.		City & State SAME	
Zip 33401		Zip USA	
Country USA		Country USA	
4. FEI Number 52-0995005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDOLPH, BARBARA G PRES 1801 S FLAGLER DR 405 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name BARBARA G RUDOLPH Street Address (P.O. Box Number is Not Acceptable) 529 S FLAGLER DRIVE #9 H City WEST PALM Bch. FL Zip Code 33401	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barbara G. Rudolph</i></u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees \$150 -	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RUDOLPH, BARBARA G DPT 1801 S FLAGLER DR. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BARBARA G RUDOLPH 529 S. FLAGLER DR #9 H W.P.B. FL 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REESE, DAVID DV. 9467 TURNBERRY DRIVE POTOMAC, MD 20854 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVID REESE 450 S. LYRA GIRCLE JUNO Bch. FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Barbara G. Rudolph</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/23/07</u> Daytime Phone # <u>561 802-3648</u>	