FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT Apr 25, 2005 08:00 AM **Secretary of State** DOCUMENT # P93000024763 1. Entity Name M & M REAL ESTATE INC. Principal Place of Business Mailing Address 2851 NE PALM BAY RD 2851 NE PALM BAY RD PALM BAY, FL 32905 US PALM BAY, FL 32905 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3175898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLERY, WILLARD C DO NOT WRITE 2851 NE PALM BAY RD PALM BAY, FL 32905 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MALLERY, WILLARD C NAME 935 DAYTONA DR STREET ADDRESS U000000331026 City-ST-ZIP PALM BAY, FL 32905 04/25/05-80182-016 158.75 TITLE NAME MALLERY, WILLIAM C STREET ADDRESS 935 BAY TOWN DRIVE CITY-ST-ZIP PALM BAY, FL 32905 11 11 11 11 1 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 thus 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:

STREET ADDRESS CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 32 773-608 Date Daytime Prome # 275