2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 002 ***150.00

DOCUMENT # P94000069812

1. Entity Name
MXM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7265 CLOISTER DRIVE SARASOTA FL 34231	7265 CLOISTER DRIVE SARASOTA FL 34231
2. Principal Place of Business - No P.O. Box #: 23605 53rd Ave. EAST	3. Mailing Address: 23605 53rd Ave. EAST
Suite, Apt. #, etc.: MYAKKA CITY	Suite, Apt. #, etc.
City & State: FLA.	City & State: MYAKKA CITY Fl.
Zip: 34251 Country	Zip: 34251 Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0529274 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESSIG, ROY 7265 CLOISTER DRIVE SARASOTA FL 34231	Name: PHILIP CRUSE Street Address (P.O. Box Number is Not Acceptable): 23605 53rd Ave. EAST City: MYAKKA CITY FL Zip Code: 34251

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 [signature] PHILIP CRUSE (PRES.) 4-09-07
Registered Agent signature (required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LESSIG, ROY 7265 CLOISTER DR SARASOTA FL	☑ Delete	CRUSE, PHILIP 23605 53rd AVE. EAST MYAKKA CITY Fl. 34251 PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CRUSE, PHILIP 2731 17TH ST SARASOTA FL	☐ Delete	Roy Lessig 7265 CLOISTER Dr. SARASOTA, Fl. 34231	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roy Lessig [signature] 4-09-07 941-925-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #