2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNOALA	LFUKI		_	- P	200, -	
DOCUMENT # P9500004807 1. Entity Name MMC PROPERTIES, INC.	1				Secreta	ary of St
12897 62ND STREET NORTH 1	ailing Address 2897 62ND STREET NORTH ARGO, FL 33773				III BB all Bab a y a laa ba tuu i	### (**********************************
A. A						
DO NOT WRITE IN THIS SPACE			04172007 No Chg-P CR2E034 (11/05)			
DO NOT WRITE II	O'L	4. FEI Numbe 59-332			Applied For Not Applicable	
		*.	5. Certificate	of Status Desired		5 Additional equired
6. Name and Address of Current Regis	tered Agent					
MYERS, EUGENE M 9251 98TH AVE. N. SEMINOLE, FL 33777				NOT W HIS SF		
The above named entity submits this statement for the purple obligations of registered agent. SIGNATURE	ourpose of changing its registere	ed office or registe	red agent, or both	n, in the State of Flo	orida. Tam familiar	with, and accept
Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		.00 May Be ded to Fees				
10. OFFICERS AND DIREC	CTORS			4		
ITILE		:			1000074454 707-80153	
ITILE STD NAME COULOMBE, MARTIN SIREEI ADDRESS 12897 62ND STREET NORTH LARGO, FL 33773						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	/RITE	
TITLE NAME SIREET ADDRESS CITY-SI-ZIP			. 25	THIS SF	, , ,	The state of the s
ITILE NAME STREET ADDRESS				***		

12. Thereby 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coalowhe

04-10-07 777-539-8060

Daytime Pho