

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000081159

Entity Name: MDME, INC.

FILED
Jun 05, 2008
Secretary of State

Current Principal Place of Business:

1000 VIA CAPRI LANE, BLDG 17, #201
CELEBRATION, FL 34747 US

New Principal Place of Business:

43420 US HWY 27
DAVENPORT, FL 33837 US

Current Mailing Address:

P.O. BOX 10059
PONCE, PR 007320059 US

New Mailing Address:

FEI Number: 65-0612421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, DANIEL
1000 VIA CAPRI LANE, BLDG 17, #201
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

DOMINICCI, MARSENIA
43420 US HWY 27
DAVENPORT, FL 33837 US

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.

SIGNATURE: MARSENIA DOMINICCI 06/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVDS () Delete
Name: GONZALEZ, DANIEL
Address: EST.DEL GOLF CLUB #156, ST. MIGUEL RIVERA
City-St-Zip: PONCE, PR 00730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVDS (X) Change () Addition
Name: DOMINICCI, MARSENIA
Address: EST.DEL GOLF CLUB #156, ST. MIGUEL RIVERA
City-St-Zip: PONCE, PR 00730

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: MARSENIA DOMINICCI PVDS 06/05/2008

Electronic Signature of Signing Officer or Director Date