FILED
Jun 04, 2008 8:00 am
Secretary of State
05-08-2008 90016 045 ***150.00

5/1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000037103

1. Entity Name
MORTGAGE MANAGING GROUP, INC.

Principal Place of Business	Mailing Address
722 SAILFISH DRIVE BRANDON, FL 33509	722 SAILFISH DRIVE BRANDON, FL 33509

66013113

02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377225
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, GEORGE W
PO BOX 2741
SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE

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 George W Barber 3-10-08
Signature, if changing registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, GERALD M
STREET ADDRESS	3412 WATERWOOD COURT
CITY-ST-ZIP	VALRICO, FL 34594
TITLE	D
NAME	BELES, FLORIAN
STREET ADDRESS	722 SAILFISH DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	D
NAME	BELES, ROMANA
STREET ADDRESS	722 SAILFISH DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Florian L Beles 5-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #