## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000094587

Entity Name: 3MC, INC.

FILED Apr 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2521B NORTH FEDERAL HWY 1725 NORTH CONGRESS AVE BOCA RATON, FL 33431

CATALINA CENTRE

BOYNTON BEACH, FL 33426

**Current Mailing Address: New Mailing Address:** 

1725 NORTH CONGRESS AVE. 2521B NORTH FEDERAL HWY BOCA RATON, FL 33431 CATALINA CENTRE

BOYNTON BEACH, FL 33426

FEI Number: 65-0712619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURKE, KATHY S BURKE, KATHY S

2521B NORTH FEDERAL HIGHWAY 1725 NORTH CONGRESS AVENUE BOCA RATON, FL 33431 BOYNTON BEACH, FL 33426

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: KATHY S. BURKE 04/09/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

BURKE, KATHY S BURKE, KATHY S Name: Name:

2521B NORTH FEDERAL HIGHWAY 1725 NORTH CONGRESS AVE. Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOYNTON BEACH, FL 33426

DVPS Title: **DVPS** (X) Change ( ) Addition Title: () Delete

Name: CELCE, MELISSA Name: CELCE, MELISSA

2521B NORTH FEDERAL HIGHWAY 1725 NORTH CONGRESS AVE. Address: Address: BOCA RATON, FL 33431 BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

Title: Title: DVPT ( ) Delete DVPT (X) Change ( ) Addition

STONE, AMANDA STONE, AMANDA Name: Name:

2521B NORTH FEDERAL HIGHWAY 21725 NORTH CONGRESS AVE. Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOYNTON BEACH, FL 33426

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: KATHY S. BURKE **PRES** 04/09/2008