2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P97000015251

Entity Name: MARKET MANAGEMENT, INC.

Current Principal Place of Business:

11902 BONITA BEACH ROAD
BONITA SPRINGS, FL 34133 US

New Principal Place of Business:

Current Mailing Address:

11902 BONITA BEACH ROAD
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 59-3436771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANDLER, ASA W
4099 TAMIAMI TR N
STE 305
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CANDLER, ASA W
900 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102 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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CANDLER, ASA W
Address: 1201 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: V ( ) Delete
Name: CANDLER, MARIAN
Address: 1201 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: FITZGERALD, WILLIAM
Address: 4099 TAMIAMI TRAIL NORTH, STE.305
City-St-Zip: NAPLES, FL 34103

Title: V ( ) Delete
Name: VACARRO, GENE
Address: 11902 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34133 US

Title: V ( ) Delete
Name: FARROW, GLENDA
Address: 11902 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ASA CANDLER MGR 03/30/2009
Electronic Signature of Signing Officer or Director — Date