
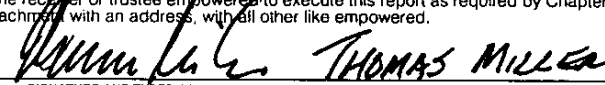


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 032 \*\*\*150.00

<b>DOCUMENT # P99000004023</b> 1. Entity Name <b>M2 ENTERPRISES, INC.</b>					
Principal Place of Business <b>1065 W MORSE BLVD STE 100 WINTER PARK, FL 32789</b>			Mailing Address <b>1065 W MORSE BLVD STE 100 WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box # <b>1075 West Morse Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1075 West Morse Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Winter Park, FL</b> Zip <b>32789-3737</b>		City & State <b>Winter Park, FL</b> Zip <b>32789-3737</b>		4. FEI Number <b>59-3551580</b>	
Country <b>Orange</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, THOMAS W III 1481 SUMMERLAND AVENUE WINTER PARK, FL 32789-1443</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MILLER, THOMAS W III</b> <b>1481 SUMMERLAND AVENUE</b> <b>WINTER PARK, FL 327891443</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>MILLER, THOMAS S</b> <b>1012 WILKSON STREET</b> <b>ORLANDO, FL 328031054</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 recorder 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.					
<b>SIGNATURE:</b>  <b>THOMAS MILLER</b> <b>12-8-07</b> <b>407 628-5775</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40013643



01252007 Chg-P CR2E034 (12/06)