


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90031 047 ***150.00

DOCUMENT # P99000007504		
1. Entity Name MME INDUSTRIES, INC.		

Principal Place of Business 343 CONNISTON RD WEST PALM BEACH, FL 33405	Mailing Address 343 CONNISTON RD WEST PALM BEACH, FL 33405
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2. Principal Place of Business 1374 Havenhill Rd N.	3. Mailing Address 1374 Havenhill Rd N
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State West Palm Beach FL
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Zip 33417	Country US	Zip 33417	Country US
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02172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0897576	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

EBERT, STEVEN J 343 CONNISTON RD WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name Steven J Ebert
Street Address (P.O. Box Number is Not Acceptable) 1374 Havenhill Rd North
City West Palm Beach FL
Zip Code 33417

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 4-19-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PVT	<input type="checkbox"/> Delete
NAME EBERT, STEVEN J	
STREET ADDRESS 343 CONNISTON RD 1374 Havenhill Rd N	
CITY-ST-ZIP WEST PALM BEACH, FL 33405 33417	
TITLE S	<input type="checkbox"/> Delete
NAME CAPPELLO, JENNIFER	
STREET ADDRESS 343 CONNISTON RD 1374 Havenhill Rd N	
CITY-ST-ZIP WEST PALM BEACH, FL 33405 33417	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 4-19-04	Daytime Phone #
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