2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059210

DOCOMENT#1 55000055210

Entity Name: M & M DEVELOPMENT SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
343 MOUN DESTIN, F	NTAIN DR. FL 32541			
Current Mailing Address:			New Mailing Address:	
P.O. BOX DESTIN, F				
FEI Number	: 59-3602970	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
991 SHÁL	MICHAEL T IMAR POINTE R, FL 32579	EDR. US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the State	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. Î	submits this statement for the		d office or registered agent, or both, Date
n the State	e of Florida. RE: Electro			
n the State	e of Florida. RE: Electro	nic Signature of Registered Ac	gent	
n the State BIGNATUI Election Car DFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIRECT P WYATT, MICH	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete AEL T R POINTE DRIVE	gent	Date
n the State	e of Florida. RE: Electro mpaign Financir S AND DIRECTO P (WYATT, MICH 991 SHALIMAI SHALIMAR, FI VP (WYATT, MARC	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete AEL T R POINTE DRIVE 32579) Delete GARET E R POINTE DRIVE	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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: MICHAEL T. WYATT PRES 04/27/2009