


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S05129 1. Entity Name MUNN FRAMEWORKS, INC.	
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Principal Place of Business 2230 NW 22 ND STREET SUITE 1 POMPANO BEACH, FL 33069	Mailing Address 2230 NW 22ND STREET SUITE 1 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0225811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAY S. BLUMENKOPF, ESQUIRE
5355 TOWN CENTER RD
SUITE 902
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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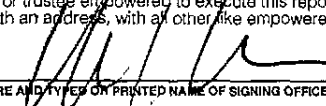
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNN, MAX 7166 MONTRICO DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUNN, ROBERTA 7166 MONTRICO DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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01/25/05-80048-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **1-17-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #