



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S15095</b> 1. Entity Name M & M OAKLEY INC.			
Principal Place of Business 52 BOVARD AVENUE ORMOND BEACH, FL 32176		Mailing Address 52 BOVARD AVENUE ORMOND BEACH, FL 32176	
<b>DO NOT WRITE IN THIS SPACE</b>		 01122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3038305	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  OAKLEY, WILLIAM MICHAEL 52 BOVARD AVENUE ORMOND BEACH, FL		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="font-family: monospace; font-size: 1.2em;">U000000526409 05/04/06-80072-023 150.00</div> <div style="font-size: 1.5em; margin-top: 20px;"><b>DO NOT WRITE IN THIS SPACE</b></div>	
TITLE	PT		
NAME	OAKLEY, MARK GREGORY		
STREET ADDRESS	2626 S. PENINSULA DRIVE		
CITY - ST - ZIP	DAYTONA BEACH, FL		
TITLE	VPS		
NAME	OAKLEY, WILLIAM MICHAEL		
STREET ADDRESS	52 BOVARD AVENUE		
CITY - ST - ZIP	ORMOND BEACH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 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: 4/19/06	Daytime Phone #: 386 322 1181