

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68989

FILED
Apr 22, 2007
Secretary of State

Entity Name: MAINTENANCE MANAGEMENT ENTERPRISES, INC.

Current Principal Place of Business:

2100 SOUTHEAST OCEAN BLVD,
SUITE 102
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2274
STUART, FL 349952274

New Mailing Address:

2100 SE OCEAN BLVD.
STE 102
STUART, FL 34996

FEI Number: 65-0361648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTELL, EDWIN E., III
301 E OCEAN BLVD STE 200
STUART, FL 34994 US

Name and Address of New Registered Agent:

MORTELL, EDWIN E., III
2100 SE OCEAN BLVD.
STE 102
STUART, FL 34996 US

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.

SIGNATURE:

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARATTA, ROBERT O
Address: 31 S.E. HARBOR POINT DR.
City-St-Zip: STUART, FL 34996

Title: VD () Delete
Name: BARATTA, SCOTT R
Address: 3484 SW FOREST HILLS CT
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: BARATTA, CAROL
Address: 31 S.E. HARBOR POINT DR.
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: MORTELL, MELISSA A
Address: 21 SE HARBOR POINT DR
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: PARKER, RONALD C
Address: 2376 SW LONGWOOD DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BARATTA, GREGG P
Address: 3315 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BARATTA, SCOTT R
Address: 273 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT O. BARATTA, M.D.

PD

04/22/2007

Electronic Signature of Signing Officer or Director

Date