2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE/

FILED Mar 19, 2007 08:00 AM Secretary of State **DOCUMENT # 551005** 1. Entity Name THE 6-M COMPANY Principal Place of Business Mailing Address P.O. BOX 555237 ORLANDO FL 32855-2237 P.O. BOX 555237 ORLANDO FL 32855-2237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 59-2473229 Not Applicable Country Zip Country \$8.75 Additional Zιp 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo MORALL, BEN, JR. Street Address (P.O. Box Number is Not Acceptable) 6266 WHISPERING WAY ORLANDO FL 32807 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change THUE ☐ Defete TITLE MORALL.DORIS NAME: 6266 WHISPERING WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CHY-ST-71P CITY - ST- 7IP ☐ Change ☐ Addition ☐ Defete IIItE MORALL, BEN JR. NAME NAME 6266 WHISPERING WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 -n14 150.00 C17Y - S1 - Z1P CHY-SI-78P Addition SU iliili Delete HILL MORALL, DENIYA NAME NAME 6266 WHISPERING WAY STREET ADDRESS STREET ADDRESS CITY-S1-71P ORLANDO FL CHY-SI-NP Addition ☐ Change Defete THILE MORALL, WENDELYN 6266 WHISPERING WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY: ST-709 Change Addition ☐ Defete HH TITLE MORALL, MONICA NAME NAME: 4617 CASON COVE DR APT 926 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CHY-ST-ZIP CITY-ST-ZIP Addition mu: ☐ Delete ☐ Change MORALL, BEN III NAME 6266 WHISPERING WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 C11Y - S1 - ZIP CITY-SI-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.