


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 551005</b> 1. Entity Name <b>THE 6-M COMPANY</b>	
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Principal Place of Business P.O. BOX 555237 ORLANDO FL 32855-2237	Mailing Address P.O. BOX 555237 ORLANDO FL 32855-2237
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>MORALL, BEN, JR.</b> <b>6266 WHISPERING WAY</b> <b>ORLANDO FL 32807</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>59-2473229</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	MORALL, DORIS
STREET ADDRESS	6266 WHISPERING WAY
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	PD <input type="checkbox"/> Delete
NAME	MORALL, BEN JR.
STREET ADDRESS	6266 WHISPERING WAY
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	SD <input type="checkbox"/> Delete
NAME	MORALL, DENIYA
STREET ADDRESS	6266 WHISPERING WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> Delete
NAME	MORALL, WENDELYN
STREET ADDRESS	6266 WHISPERING WAY
CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D <input type="checkbox"/> Delete
NAME	MORALL, MONICA
STREET ADDRESS	4617 CASON COVE DR APT 926
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D <input type="checkbox"/> Delete
NAME	MORALL, BEN III
STREET ADDRESS	6266 WHISPERING WAY
CITY-ST-ZIP	ORLANDO FL 32807

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000916217
CITY-ST-ZIP	05/12/08-80018-025 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:** *Doris S. Morall* **Doris S. Morall** 4/18/08 407-312-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #